# STANDARD CERTIFICATE OF DEATH

State	File	No.	
Regi	strar's	No.	72227

1945

	101 Registrar 3 Wol -1-1-1-1-1-1-1-1-1	
State ofMaryland		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) County Anne Arundel	(a) State Ohio (b) County Unknown	1
(b) City or town Fort George G. Meade	(c) City or town Galion (If outside city or town limits, write RURAL)	
(c) Name of hospital of institution:		
Regional Hospital	(d) Street No. 390 Grove Ave	
(d) Length of stay: In hospital or institution, write street numberer localized	(If rural, give location)	/
In this community 1 month 15 days (Speedly whether	(e) If foreign born, how long in U. S. A.?	_ years.
years, months or daya)	MEDICAL CERTIFICATION	
3. (a) FULL NAME ADAMS, Howard D 0-1705311	MEDICAL CERTIFICATION 22 20. Date of death: Month August day 22	
3. (b) If veteran, 3. (c) Social Security	year 1945 hour 3:20 PM minute	
name war No	21. I hereby certify that I attended the deceased from21	
5. Color or 6. (a) Single, widowed, married,		19_45
4. Sex Male race W divorced married	that I last saw h im alive on 22 August,	19_45:
6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above. Du	ration
Barbara Sue Adams alive — years	Immediate cause of death Pallemania, Work Cha	
7. Birth date of deceased May 2 1918	bot lown loves and it wille	
8. AGE: Years Months Days If less than one day	6252	
27 3 21	Due to Casete un le rown	
hrmin.		
9. Birthplace Unknown  (State or foreign country)	Due to	
10. Usual occupation UIIICET		
11. Industry or business US Army	Other conditionsPH	YSICIAN
E[12. Name Unknown	(indiade historians, whim a monem of denity	
12. Name Unknown	Major findings:	Inderline
	Of operations the	cause to
[14. Maiden name UNKNOWN]  [15. Birthplace Unknown (State or foreign country) (State or foreign country)	about the same of	ich death ould be
The state of the s	Of autopsy Confirmed as above cha	rged sta-
16. (a) Informant's own signature WD AGO Form 66-1		ically.
(b) Address Office s Qualification Card USA	22. If death was due to external causes, fill in the following:	
17. (a) Removal (b) Date thereof 8/23/45	(a) Accident, suicide, or homicide (specify)	
(c) Place; burial or cremation Galion, Ohioth (Day) (You)	(b) Date of occurrence	
Howard Mo Blight &	(c) Where did injury occur?	
18. (a) Signature of funeral director Howard Blight	(d) Did injury occur in or about home, on farm, in industrial place, in	public
(b) Address 4914 Belair Rd Baltimore Md	place?	
Mhanday 12	While at work? (Specify type of place)  (C) Means of injury	
19. (a) 23 Aug 45(b) Del Man ford	23. Signature flatter to the first the M. D. or other	er)
(Date received local registrar) J.A. CRAWF (Phi); "Juliure) 2nd Lt	Address Date signed	79-4

16-13493

AUG 25 1945 BUREAU V.S.

2. USUAL RESIDENCE (HOME) OF DECEASED: 3. (b) Social Security Number

MEDICAL CERTIFICATION 1945 10.30 Pm 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hemostage ; 2003 Bours/

Other conditions he Elad propugaly from more and morath two france bafore he died (Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

injured at work?



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49

	~ 4 17577	OF	-
CERTIFIC	CATE	OF	DEATH

22

		CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEA County Br City or town (If or How long in above place Hospital, institution, or	ne Arunde ooklyn Pa atside city or town lim of death?	its, write-RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Anne Arundel  City or town Brooklyn Park (If outside city or town limits, write RURAL and give nearest town)  5010 Ritchie Highway  (If rural, give LOCATION)		
How long in hospital or	Institution?		2.(α) If veteran, name war		
3. (a) FULL NAME		MARY BALINT		3. (b) Social Security Number Unknown	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		CERTIFICATION	
Female	White	Widow	20 DATE DE DEATH August	9 18 45 312.55	
6.(b) Name of husband	or wife Cha	erles Balint	21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased from	
	Months 3 ekte Hegy	Days   If less than one day 21   hrs.   mlr.   Basca Banet Co.   County, and state)   Hungry   Spector (Retired)   Toods Hoboken, B.   Con Baler Coconut Bir	Due to	atires	
11. Industry or busines  12. Name	Szandor	Bordasz Hungry	Dther conditions		
14. Maiden name.	Lydia	Sarandy Hungry	(Include pregnancy within		
16. Informant	or removal. Which?)	Brooklyn Pk.  Bate fhereof Aug. 9, 19  (month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	which death should be charged statistically.  causes, fill in the following:  Date of	
Cemetery or cremate	Fairvie Fairvie	ew Cemetery in Sil	Injured at home, farm, Industry, public place		
	Thomas en Burnie	0. 2.0	23. SIGNATURE	Injured at work?  **X as ta MO  M. D. or other  Av Date signed	

FOR BINDING

MARGIN RESERVED

VS A15

RECEIVED
AUG 14 1945
BUREAU V.S.

From halmt

#### MARYLAND STATE DEPARTMENT OF HEALTH information carefully. The correct age of death clearly and legibly. CERTIFICA 1. PLACE OF DEATH: Anne Arundel Elvaton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?..... 3. (a) FULL NAME Abraham Lincoln Bar 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex JING INK. Supply every item of ysicians: please write the causes BINDING Male White Married Meta Barlow 6.(b) Name of husband or wife Nee Miller .. 6. (c) If alive, give age ...... 7. Birth date of February deceased (mo., day, yr.) If less than one day Days 8. AGE: Years

16

Crain Operator ( Retire

Railroad

(Town, county, and state)

B & 0

Unknown

Unknown

Unknown

George Barlow

Mrs. Meta Barlow

Address Elvaton, Millersville Md. R.F.

Glen Haven

Glen Burnie,

Glen burnie.

Minnisota

Date thereof Sept 3, 19 (month) (day) (year)

Mid.

Registrar

Addrass....

2411 N. Charles St., Baltimore 45-8

2. USUAL RESIDENCE (HOME (For newborn infants give residence	ce of mother)	
Maryland	county nne Arund	lel
City or town. Llvaton (If outside city or town	limits, write KUKAL and give nea	e R.F.
Street No. Jumper Ho		
(If rural,	give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security	Number
1	None	41
MEDICAL	CERTIFICATION	Die.
20. DATE OF DEATH August	31 10 45	705
ZU, DATE OF DEATH	L. A. alalada that i attanded dage	aced from
21. I CERTIFY that death occurred on the da	TO ABOVE STATES; THAT I ATTEMED DECE	31%
Mere	The 3014 1	/3
and that I last saw h. As alive on		DURATIO
Immediate cause of death		DONATIO
(asci.		0.0000000000000000000000000000000000000
	na	Com
Due to	116	10-
		men
Due to		mu
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Due to		mu
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Diher conditions	hin 3 months of death)	mun
Other conditions	hin 3 months of death)	
Other conditions	hin 3 months of death)	
Other conditions	hin 3 months of death)	
Other conditions	hin 3 months of death)  Date of op  to which death should be charged	
Other conditions	hin 8 months of death)	statistically.
Other conditions	to which death should be charged	statistically.
Other conditions	to which death should be charged mal causes, fill in the following:  Oate of	statistically.

WRITE PLAINLY, is especially PLEASE

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MARGIN

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9. Birthplace.....

10. Usual occupation.

11. Industry or business

13. Birthplace

14. Malden name...

Cemetery or crematory.....

(Date rec'd by registrar)

Burial (Burial, cremation, or removal. Which?)

14. Malden na 15. Birthplace

Address

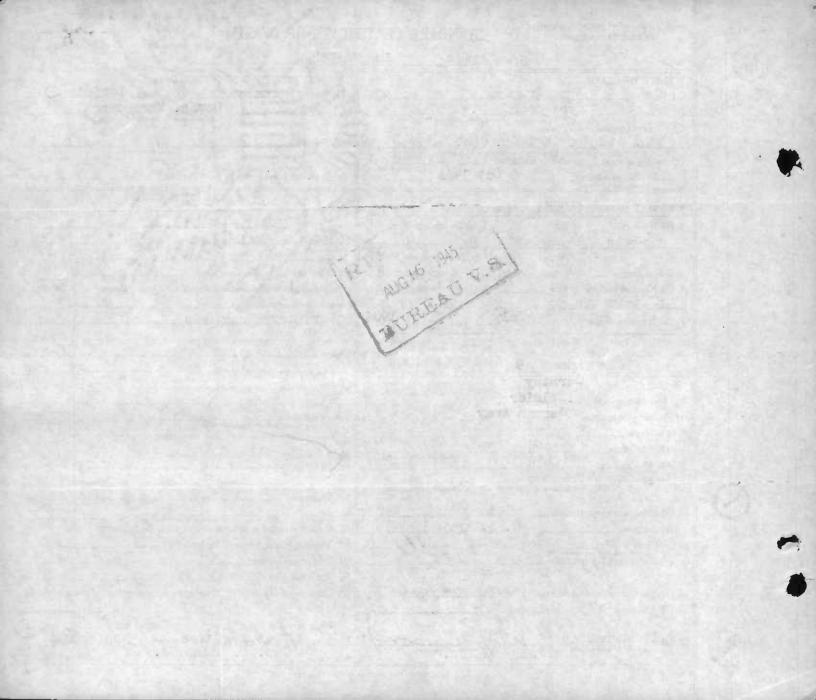


# STANDARD CERTIFICATE OF DEATH

State File No.	
Registrar's No.	27

/		State	of MARY	TAND The	
1. PLACE OF DEAT		A 3	3	2. USUAL RESIDENCE OF DECEASED:	02
(a) County				(a) State Germany (b) County Derfet	X_42
(b) City or town Fort Ceorge C. Meade				(c) City or town Gensa, Mersedurg  (H outside city or town limits, write RURAL)	
(c) Name of hospital	or institutio	n:			
Regional (If not i	HOSPL To hospital or instit	ution, write stree	Geo. G. Meade, Md	(d) Street No(If rural, give location)	
(a) Length of stay:	in hospital o	rinstitution	Je Cold - Vid Sid A L V Ch. L.		
In this commun	nity	0 0	ct 1944 (Specify whether	(e) If foreign born, how long in U. S. A.?	year
3 (a) FILL NAME	BAUER	Hugo		MEDICAL CERTIFICATION  20. Date of death: Month August day 10	
3. (b) If veteran,		J	3. (c) Social Security	year 1945 hour 7:20 All minute	
name war			No	21. I hereby certify that I attended the deceased from	
	5. Color o	r	6. (a) Single, widowed, married,	, 19, to	
4. Sex Male		White		that I last saw h alive on	
			6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration
Else Ba u			alive vears	Immediate cause of death	
7. Birth date of dece	ased	July		Coronary Thrombosis	
8. AGE: Years	Months	(Month)	(Day) (Year)  If less than one day		
o. Add.		24,0	1 too class one day	Due to	
41	1	9	hrmin.		
9. Birthplace	Germa			Due to	
10. Usual occupation			(State or foreign country)		
11. Industry or busin	1000	man Ar	my	Other conditions(Include pregnancy within 8 months of death)	PHYSICIA
12. Name	Unkno			(include pregnancy within 5 months of dusta)	
13. Birthplace		M)	(State or foreign country)	Major findings:	Underli
14. Maiden name	Unikno		(ovare or rototal country)	Of operations	the cause
5 15. Birthplace	Unkno	or county)	(State or foreign country)		which dea
				Of autopsy	charged s
			oner of War Recor		tistically.
(b) Address				22. If death was due to external causes, fill in the following:	
17. (a) Burial, cromation.	or removal)	(b) Date the	hereof (Month) (Days (Year)	(a) Accident, suicide, or homicide (specify)	
(c) Place; burial o	r cremation	roat C	menting.	(b) Date of occurrence	
	0 .	1		(c) Where did injury occur?(City or town) (County)  (d) Did injury occur in or about home, on farm, in industrial pla	(State)
18. (a) Signature of fu					ice, in publ
(b) Address 4-9.	14-12	Cause	Brail.	place?(Specify type of place)	
70 13	+ 1= 1	.19	P	While at Ok? (6) Means of injury	Canto
19. (a) 10 Augus		TAME	) N (Registrar's signature)	23. Signatur Synthenburgh (M. D. o	76
	IV A C	10 THINGS	N, OI.	Address Ft Coo. G. Meade, Md Date sig	gned

3



ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

rect age

# VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

4 August
(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Date signed 4 Aug 45

CERTIFICAT	TE OF DEATH  Reg. Dist. No. 27
1. PLACE OF DEATH:  County Anne Arundel  City or fown Fort George C. Meade, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Regional Hospital, Fort George G. Meade, Md  How long in hospital or institution?  12 hours	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  Germany  State  Koblenz q/Rhein  (If outside city or town limits, write RURAL and give nearest town)  Bannhoffstrasse 31  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
BAUNACH, George (NMI) POW	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH
6.(b) Name of husband or wife Maria Baunach  7. Birth date of deceased (mo., day, yr.)  May 23, 1911	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1630 3 August 19 45 to 3:50 a.m 49 Aug.  and that I last saw h h i malive on 2 August 19 45  Immediato cause of death Ludwig's Angina DURATION
8. AGE: Years Months Days If less than one day 2 13hrshrs.	Respiratory obstruction 11 hrs.
9. Birthplace	Due to
12. Name	Other conditions
14. Malden name	(Include pregnancy within 3 months of death)  Major fiadings of operations.  Tracheotomy  Date of op. 3 Aug 1945
16. Informant Prisoner of War Records	Autopsy results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address U. S. Army  17 Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location Fort George G. Meade, Md.  18. Funeral director.  Howard Blight	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address 4914 Belair Rd., Balto., Md.  19. 4 August  (Date rec'd by registrar)  19. 4 CRA MORD or Asset Registrar	23. SIGNATURE ALBERT A. KINEN, 1st It ad D. Corother Address Reg Hosp Ft Meade Md Date signed 4. Aug 45

if Registrar

AddressReg



2411 N. Charles St., Baltimore 30-6

#### CERTIFICATE OF DEATH

				Ace. Disc. Ho.	
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
County			State Maryland County		
			D. 244 044		
		onths, 27 days	City or town(If outside city or town limits,	write RURAL and give ue	arest town)
	or street address where	death occurred: State Hospital	street No. 118 Blainway, Sp.	arrows Point	••••••
			(If rural, give I unknown		
		onths, 27 days	2.(a) tf veteran, name war. UITKNOWN	***************************************	
3. (a) FULL NA				3. (b) Social Security	Number 🗸
	BLACK	- JAMES L.		unknown	
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	black	married	20. DATE OF DEATH August 17	10 45	. 6.45 A
	(1 - 3	g Dlook	21. I CERTIFY that death occurred on the date above		
		s Black	March 22		
7. Birth date of			and that I tast saw him alive on Augu		
deceased (mo., da	у, уг.) 1908		Immediate cause of death		
8. AGE: Ye	ars Months	Days If less than one day	General Paresis		Known to
3'	7 unknow	m hrs min.			
	North Ca:	rolina			1-11:-
9. Birthplace	(Towu,	county, and atate)	Due 10		· SELECTION OF
10. Usual occupatio	unkno	WTD.			** 100000000000000000000000000000000000
11. Industry or busin			Due to		**
		ack	Dther conditions		***************************************
12. Kama	North Car				***************************************
			(Include preguancy within 3 me	ontha of death)	
14. Malden nam 15. Birthplace	ne Nancy Cla	PK	Major findings of operations.		
15. Birthplace	North Car	olina		Date of op	
16. Intermant	Hospital	Records			
Address/)		le. Maryland	PHYSICIAN: Please underline the cause to white	ch death should be charged	statistically.
Address	0101111111111		22. VIOLENCE: If death was due to externat cause	es, fill in the following:	
(Burial, cremati	ion, or removal. Which	Date thereof (month) (day) (year)	Accident, suicide, or homicide.	Date of	
Cemetery or prem	7400	relat	Where did injury occur?(City or town)	(County)	(State)
an	DRITH A ON P	د د	Injured at home, farm, industry, public place (whe		- (Duite)
Location		H- 8. 1-		Injured at work?	
18. Funeral director	/w/	Nooruse	Means of injury	Injured at work?	7
Address	Crown	will, had	- LING/ N/	1/11/1/2	der
	9 4	- 57. O- Kocas	23. SIGNATUBE	М. D.	or other
19. (Date rec'd by	19.H	Registrar			
( Date Lee o Di	relation A.	a-ogiotiei	Andreas and a second se	nate signed	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

07668

			CERTIFICA	L OI DEATH	Reg. Dist. No	
1. PLACE OF DEA	ne Arundel.			2. USUAL RESIDENCE (HOME (For newborn infants give residence		
City or town				State Maryland City or town Annapolis, (If outside city or town is	imits, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death occurred: U.S. Naval Hospital.  How long in hospital or institution? 17 July 1945 29 August 194				Street No. 213 King Geo	give LOCATION)	
How long In hospital or 3.(a) FULL NAMI			-7142 27 August 17	2.(a) If veteran, name war		
		s B001	TFS. USMC (Ret. Ins	c).	3. (b) Social Security	Number
. Sex	5. Color or race	6.(a)Single	TES, USMC (Ret.Ina	MEDICAL	CERTIFICATION	
Male	White-US		Married	20. DATE OF DEATH 29 Augus	t 1945	,at 0110
(b) Name of husband	or wife Anna	C. Boo	tes	21. I CERTIFY that death occurred on the date		
**************			e) If alive, give age	July 1735	1945 10	9 19.5
Blath date of	r.) 8 Decem			and that I last saw hAmmalive on	el Eurolin	-
. AGE: Years		Days	If less than one day	Immediate cause of death Canal		BURATION 3
82	8	21	1 hrs. 10 min.			
9. Birthplace Wilmington, New Castle, Delæware.  (Town, county, and etate)  10. Usual occupation Retired.  11. Industry or business U.S. Marine Corps.				Due to.		war.
	. C. Boote			Olher condillons		
14 Malden name	Mary L. Bi			(Include pregnancy within		
15. Birthplace	De Laware.					
6. laterman Mrs.	AnneBootes		Annapolis.Md.	Autopsy results Auto Autopsy PHYSICIAN: Please underline the cause to	marshage - a	Advis
Dunial	, or removal, Which?)		of Hugust 31, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to exteroal Accident, suicide, or homicide		
Cemetery or cremation	U.S. NATI	CONAL	CEMETARY	Where did injury occur?(City or tow		(State)
Location U.S. Naval Academy, Annapolis, Md.				injured at home, farm, industry, public place		
	John M. Ta			Means of injury	Injured at work?	
			er St. Annapolis,	4	. 72	
Address 141 D	are of Grot	Lacesti	The state of the s	23. SIGNATURE Ch	15-91	or other
· Qua.	30 19 45		- V.Vanue	Address USu Hamitel		8 · 2 9
(Date rec'd by res	gistrar)	//	Registrar	Address The Address	Dato signed.	.a

STREET, TO THE PLANT STATE OR APPROXIMANT

STRUCTURE OF DEATH

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AUG 31 1945 -

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

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Reg.	Diat.	No.	9	6	000000000

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	3533		
City or town Crownsville Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 6 yrs, 4 mos, 7 days	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred: Crownsville State Hospital	Street No. 2359 McCulloh St.		
orownsville State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 6 yrs, 4 mos, 7 days	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
CARRINGTON - ALICE	5. (0) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE Black Single			
	20. DATE OF DEATH AUGUST 28 19 45 31 2:15P M		
6.(b) Name of busband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of 2036.	April 21 19 39 10 August 28 19 45		
	and that I last saw h. er alive on August 28 18 45		
deceased (mo., day, yr.) LYLO  8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis Known to		
29 unknown	Pulmonary Tuberculosis Known to		
hrsmin.	us since		
9. Birthplace Maryland	Due to. 7/9/45		
(Town, county, and state)			
10. Usual occupation. Teacher	Bue fo.		
11. Industry or business	DUE TO		
12. Name. N. B. Carrington  13. Birthplace 11nknown	Other conditions Schizophrenia - Known to		
₹ 13. Birthplace unknown	Paranoid Type us since		
	Paranoid Type us since (Include pregnancy within 3 months of death) 6/23/30		
Jennie Tinsley 14. Malden name. Jennie Tinsley unknown	Major findings of operations.		
S 15. 8irthplace	Date of op.		
16. Informant Hospital Records	Autopsy results.		
Address Crownsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
B	22. VIOLENCE: It death was due to external causes, till in the following;		
17. Burial, cremation, or removal. Which Bate thereof (1991) (1991)	Accident, suicide, or homicide		
Cemetery or crematory Comments San	(City or town) (County) (State)		
Localian Coultmist W. Mo.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Mus. George OV. Oxtell	Megns of lojury Injured at work?		
0 10000	- CA / / CO 0		
Address / 631 which till way.	A SIGNATURE STATE OF THE STATE		
" 8/31 " K5 N.W. Have	M. D. or other		
(Date ref d by registrar) Registrar	AddressCrownsville, Maryland Bate signed 8/28/45		

2411 N. Charles St., Baltimore

M. D. or other

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County Anne Arundel (For newborn infants give residence of mother) State Maryland Crownsville (If outside city or town limits, write RURAL and give nearest town) Baltimore City How long in above place of death? 3 months, 14 days (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: unknown Crownsville State Hospital (If rural, give LOCATION) How long in hospital or institution? 3 months, 14 days unknown 2.(a) If veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number COLE - JOHN R. unknown 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race MEDICAL CERTIFICATION married & separated black male August 17 20. DATE DE DEATH ..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from unknown 6.(6) Name of husband or wife .. 19 45 to August 17 .....B.(c) If alive, give age ... August 7. Birth date of December 29, 1882 deceased (mo., day, yr.) Immediate cause of death ..... DURATION If less than one day General Arteriosclerosis Days 8. AGE: nown to 20 62 as since 5/4/45 Maryland 9. Birthplace..... (Town, connty, and atate) Laborer 10. Usual occupation. unknown 11. Industry or business 12. Name...... 13. Birthplace nown to Senile Psychosis John R. Cols is since confused and delirious state Maryland (Include pregnancy within 3 months of death) Emma 14. Malden name. Major findings of operations. 15. Birthplace Maryland Hospital Records 1R. Informant... PHYSICIAN: Please underline the cause to which death should be charged statistically. Crownsville, Maryland Address 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide, (month) (day) (year) Where did injury occur? ...... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) ........ anders) injured at work? Means of Injury

23. SIGNATURE

Registrar Address.....

Crownsville, Maryland

A15 SA correct age

carefully. The Carly and legibly.

information care of death clearly

Supply lease wr

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important.

PLAINLY, vis especially

WRITE

(Date rec'd by registrar)

BINDING

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2411 N. Charles St., Baltimore Bi-Qu

#### CEDTIFICATE OF DEATH

	CERTIFICAL	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:	lel.	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	of mother)
	P.O. Slew But me rite RURAL and give nearest town)		County layer arrived
How long in above place of death?	ears.		nits, write RURAL and give nearest town)
Vone	curred;	Street No. The Seelers	WOYKA
How long in hospital or institution?		2.(a) If veteran, name war	***************************************
Leorge mose	ion Colhar	ies.	3. (b) Social Security Number 214-01-3 8 29
4. Sex / 5. Color or race 6.(a)	Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
m. W. a	I dowld.	20. DATE OF DEATH angus	d 121 19 44 - 2/0.3
6.(b) Hame of husband or wife rusings	et michael	21. I CERTIFY that death occurred on the date	_ /
7. Birth date of	6.(c) If alive, give ageyears	and that I last saw h	J 6
deceased (mo., day, yr.)	1 2 1895		
8. AGE: Years Months Day	If less than one day (825)	Immediate cause of death	fuelicy +4 n
9. Birthpiace Baltimor	1 2 /	Cleaner Infe	ulilial
(Town, county,	and state)	nephretis.	+ 4 n
18. Usual occupation t reevulu	/·	Due fg.	V
11. Industry or business	, 01	••••••	
12. Hame Colons	ochouses	Other conditions	
13. Birthplace	27	(Include pregnancy within	2 months of death)
H 14. Malden name	Stevens	Major findings of operations.	
15. Birthplace	a		Dafe of op
16. Informant Russell C	Moues (Son)	Autopsy results.	
Address Marley Park, F	2. O. Islew Burne.	PHYSICIAN: Please underline the cause to	which death should be charged statistically.
17 Burial Date	thereof 8/4 - 45-	22. VIOLENCE: If death was due to external of	
(Burial, cremation, or removal. Which?)	(month) (day) (year)		Date of
Cemetery or crematory	- Balana	Where did injury occur?(City or town	(County) (State)
Location	100,000		(where?)
18. Funeral director	( Foulance	Means of Injury	Injured at work?
Address 2339 W	and Rho	Sustabl 1	Hautersun
19 8/3 145	suffer to	23. SIGNATURE	M. D. or other
(Date rec' by registrar)		Hell we Bell all	9.411 2/6/4

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VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6)

G	7	6	7	2
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# CERTIFICATE OF DEATH

			- 0		Fred
4				7	0
	Reg.	Dist.	No.		0

1. PLACE OF DEATH: County Anne Arundel City or town Crownsyille Haryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 Yrs. 3 mos. 17 days Hospital, institution, or street address where death occurred: Crownwille State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants rive residence of mother)  Naryland  State  County  City or towo  (If outside city or town limits, write RURAL and give nearest town)  Street No.
How long in hospital or institution? 12 yrs, 3 mos, 17 days	(If rural, cive LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME  COLLINS - MAGGIE	3. (b) Social Security Number
4. Sex female black 6.(a)Single, married, widowed, or divorced widow	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  SUGUST 20  19 45 4:35P
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Sirth date of deceased (mo., day, yr.) 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from AUGUST 20 19 45 and that I last saw h. E. alive on 19 45
8. AGE: Years Months Bays If less than one day 46 unknown	invitive to the Lungs in of th
9. Sirthplace	Due to 376/45  Due to 1776  Diher conditions Dementia Praecox 1776  1933
14. Malden name unknown 15. 9irthplace unknown 16. Informant. Hospital Records Crownsville, Maryland	(Include pregnaucy within 8 months of death)  Major findings of operations
Burial Bate thereof Aug. 24, 1945 (Month) (day) (year)  Commetery or crematory Mt. Hope Cemetery  Location Welbourne, Maryland  18. Funeral director H. Harvey Bradshaw  Address Pocomoke City, Maryland  19. Aug. 24, 1945 (Month) (day) (year)  Registrar  Registrar	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

Collins - Maggie Worcester County Admitted - May 3, 193 Died - August 20, 1945



2411 N. Charles St., Baltimore /3-

07673

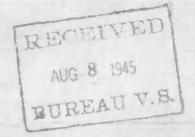
#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
CRUTCHFIELD - MARGARET	
4. Sex female black single	MEDICAL CERTIFICATION  20. DATE OF DEATH AUgust 4 19.45 21.5:30 A. R
B.(b) Hame of husband or wife.  B.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  January 18  19  32, to August 4  19  45  and that I last saw h. C. T. alive on August 4  DURATION  DURATION
8. AGE: Years   Months   Days   If less than one day   33   unknown	Pulmonary Tuberculosis Apprx. 2 mos.
9. Birthplace Maryland (Town, county, and state)  10. Usual occupation Domestic  11. Industry or business  12. Name Richard Crutchfield	Due to Dementia Praecox Known to
12. Name Richard Crutchfield  13. Birthplace Maryland  14. Malden name Alice Johnson  15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16.Informant Hospital Records Address Crownsville, Maryland	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buried Date thereof Aug. 8 1945.  (Burial, cremation, or removal. Which?)  Cemetery or crematory. Hati  Location Rockville, Maryland	Accident, suicide, or homicide
18. Funeral director Robert P. Snowden  Address Rockville, Laryland  19. Org 4 19. 45 mr. E.F. Joyce (Date rect) by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Addres Crown sville, Maryland Date signed 8/4/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### CERTIFICATE OF DEATH

age e	2411 N. Charl	les St., Baltimore 93-2				
rrect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/				
25	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County				
information carefully. The confident of death clearly and legibly.	Cily or town	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 7				
on c	How long in hospital or institution?	(If rural, give LOCATION)				
formati	3. (a) FULL NAME James Cornel Pasiels	3. (b) Social Security Number 215-09-4602				
of	4. Sex 8. Color or race 6.(a) Single, married, widowed, or divorced  W W W W W W W W W W W W W W W W W W W	MEDICAL CERTIFICATION  2D. DATE OF DEATH. Quy /J 19.5.J 24 / 2 3 4 M				
every item ite the caus	6.(b) Name of husband or wife Search 7:	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
	8. AGE: Years Months Days If less than one day  56 5 4	Immediate cause of death.  Myocorder chance 7 900				
ADING INK. Supply Physicians: please wr	9. Birthplace (Town, county, and state) 10. Usual occupation oftendar	Due to.				
-	11. Industry or business  12. Name	Dilher conditions				
WITH UNF important.	14. Maiden name Rese may Gamber	(Include pregnancy within 3 months of death)  Major findings of operations.				
	18. Informant Salah. T. Daviels  Address 314 aslosses St. Eelfert	Autopsy results				
PLAINLY, is especially	17. (Burial, cremation, or removal Which?)  Dale thereof Aug. (8/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide				
WRITE	Cemetery or crematory that the Company of the Compa	Where did injury occur?				
PLEASE	18. Funeral director  Address	23. SIGNATURE George Rosel				
PL	19. Que 17 (Date rec'd by registrar) 19. 45 Registrar	Address Date signed 8-13- 40				

PLEASE WRITE PLAINLY, WITH UNis especially important. VS A15

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AUG 18 1945

BUREAU V.E

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

07675

CERTI	FICATE OF DEATH Reg. Dist. No. 2-8
City or town (If outside city or town limits, write RURAL and give nearest How long in above place of dealh?	City or town
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pearline D	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divor	MEDICAL CERTIFICATION  20. DATE OF DEATH Queguet 29 19 45 1 1 and
6.(6) Name of husband or wife.  8.(c) If alive, give age.  7. Birth date of deceased (mo., day, yr.) Chaysol -28-1943	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  years  and that I last saw Languagive on 29 19 45
8. AGE: Years Month Days If less than one day 22 hrs.  9. Birtholace Gambrills, M. Riera	Immediate cause of death DURATION  Press at the state of
(Town, county, and state)  10. Usuat occupation	
12. Name Samuel Dossey 13. Birthplace a a, Co md T	Unclude pregnancy within 3 months of death)
14. Malden name Love Howard  15. Birthplace Lembrice Md	Major findings of operations
Address Gambills Md	Autopsy results  PHYSICIAN: Please underline the cause to which death should he charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof (month) (day)	
Location Up a County M	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?
18. Funerat director Auction Address Address	23 SIGNATURE OH Mar News
(Date rec's by registrar)	Registrar Address Melerence M J Date signed 8-30-43

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SEP 1 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

-			7	1
Reg.	Dist.	No.		

age	2411 N. Charle	es St., Baltimore (FS)
ect :	CERTIFICAT	TE OF DEATH Reg. Dist. No. 2
ion carefully. The corclearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
on cles	Now long in hospital or institution?	2.(a) If veteran, name war
information of death cle	3. (a) FULL NAME Dolores Evelyn.	Doyces 3. (b) Social Security Number
of	4. Sex   5. Color or race   6.(a) Single, married, wildowed, or disorded	MEDICAL CERTIFICATION  20, DATE DE DEATH TO SELECTION  20, DATE DE DEATH A A MEDICAL CERTIFICATION
. F. o	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
eve	7. Birth date of deceased (mo., day, yr.)	and that I last saw hardlive on 19.
ADING INK. Supply Physicians: please wr	8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace (Town, county, and state)	Due to Auth Duck
JNG J	10. Usuat occupation	Due to
	12. Name Clexx Le Man Logica San La Logica S	Other conditions
WITH UNF important.	14. Malden name Mary Bollyn Stanson	(Include pregnancy within 3 months of death)  Major findings of operations.
	16. Informant Mary Company	Autopsy results
PLAINLY, is especially	Address  17. Date there 1 2 2 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to externat causes, fill in the following;  Accident, suicide, or homicide
WRITE	Cemetery or crematory 2 Luck 14 Luck	Where did injury occur?
SE	1B. Funeral director	Means of Injury Injured at work?
PLEA	19. Quant 3 8 4 5 Registrar Registrar	23. SIGNATURE M. D. or other  Address 3 / Smth at a Date signed 8 / 4/5

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BUREAU V.S.

		of MARYLAND	1		
(d) Length of stay: In	Anne Arund Fort Georg  Of Outside city or to or institution: Ospital Ft Ge	ge G. Meade wa limits, write RURAL) eo G Meade, Md. t number of location	2. USUAL RESIDENCE OF DECEASED:  (a) State Austria (b) County  (c) City or town Innsbruel 12 B  (troutside city or town limits, write RURA  (d) Street No. 283 Arzler Str.  (d) Street No. 1283 Arzler Str.  (e) If foreign born, how long in U. S. A.?	L)	
years, months or day	ra)		MEDICAL CERTIFICATION		
3. (a) FULL NAME _	Ludwig ECKE	R	20. Date of death: Month August day6		
3. (b) If veteran,		3. (c) Social Security	year 1945 hour 3:45 PM minute		
name war	5. Color or	No	21. I hereby certify that I attended the deceased from		
4. Sex Male			that I last saw h im alive on August 6.		
		6. (c) Age of husband or wife if			
Margaret Ec			Immediate cause of death		
7. Birth date of decease	scd Janua	ryr 14 1902 (Day) (Year)	Diph theria	6 994 8	
8. AGE: Years	Months Days	If less than one day			
	~		Due to		
9. Birthplace 10. Usual occupation .	Unkno	min. — mi	Due to		
11. Industry or busine	us Unkno		Other conditions (Include prognancy within 3 months of death)	PHYSICIAN	
12. Name   13. Birthplace   14. Maiden name .	Unknown (Obitkitowit)	(State or foreign country)  (State or foreign country)	Major findings: Of operations		
E 15 Birthplace	Unknown			which death	



U. S. Army

Fort George G. Meade, Maryland

17. (a) Burial (b) Date thereof
(c) Place; burial or cremoval) Rost Ceme

18. (a) Signature of funeral director Howard

MAC Address Ft. Geo. G. Meade

(b) Date of occurrence

place?

(c) Where did injury occur?

22. If death was due to external causes, fill in the following:

(d) Did injury occur in or about home, on farm, in industrial place, in public

(a) Accident, suicide, or homicide (specify)



## MARYLAND STATE DEPARTMENT OF HEALTH

67678

of age	2411 N. Charle CERTIFICAT	E OF DEATH	67678
information carefully. The correct death clearly and legibly.	1. PLACE OR DEATH:  County  City or town.  (If outside city or town limits, write RURAL (pd give nearest town)  How long in above place of death?  Hospital, institution, or sireet address where death occurred:	2. USUAL RESIDENCE (HOME) OF Course newborn infants give residence of no State Course Course City or town	DECEASED: nother  http://www.clauselel  write RURAL and give nearest town)  LOCATION)
death	3.(a) FULL NAME Mabel J. Har	ible	3. (b) Social Security Number
n of infouses of	4. Sex Finale White Married, widowed, or divorced Married		ERTIFICATION
INK. Supply every item of ians: please write the causes	6.(b) Name of husband or wife \( \text{Noul} + \text{Cauble} \)  7. Birth date of deceased (mo., day, yr.) \( \text{Sept} = 23^\text{Cay} \)  8. AGE: Years Months Days tiles than one day hrs. min.  9. Birthplace \( \text{Caybeauty} \)  (Town feounty, and state)	and that I last saw h. A alive oo let Immediate cause of death	10 bug 3/ 10 45 18 45 18 45 DURATION DURATION DURATION
UNFADING INK	11. Industry or business  12. Name	Other conditions Australia &	Indacorditi 154 ens
, WITH	14. Maiden name Many P. Hashup  15. Birthplace Fred.  16. Informant N. Naul Hamble	(Include pregnancy within 3 m Major findings of operations	
E PLAINLY is especiall	Address 204 Flowershy W. Character 34/845  17 Burlal, cremation, or report. Which?)  Cemetery or cremator Leday Bluff	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following:
EASE WRITE	18. Funeral director than My Lay by Son Address Comaboli 2012.	Injured at home, farm, industry, public place (wi	Injured at work?
PLE	19 Sept 3 19 4 5 Princesh Registrar)	23. SIGNATURE Serral	M. D. or other  Date signed 8 - 3/. 45

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BUREAU V.S.

2411 N. Charles St., Baltimore 93-0

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CED'	TIE	310	A	TE	OF	DE	AT

Reg.	Di
	-

	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County A. g.:	Maryland A. A.
City or town (If ootside city or town limits, write RURAL and give nearest town)	Was all own United Limited our
How long in above place of death?	City or town Woodlawn Hgts Linthicum (If outside city or town finits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occorred:	Street No. Glendale Ave.
Brook - Woodlawn Heights	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Dora Goldie Frepura	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tomole White morning	20. DATE OF DEATH Aug 3 3 1945 of 9:30
00 D 2 2 8	21. LEERIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. LERING was death occurred on the date above states; that I attended deceased from
7. Birth date of	ears and that I last saw h allye on 2 19.1
deceased (mo., day, yr.) Jeh. 1 - 1883	Immediate cause of death DURATIC
8. AGE: Years Months Days It less than one day	Online Casse of death Danaler Dissers 4 day
62 6 32	nin,
Howard Co we.	Due to.
9. Birthplace (Town, county, and state)	nue to
10. Usual occupation	Bue to
11. Industry or business	F86 10.
E 12. Name ? Reckord	
12. Rame ? Reckord  13. Birthplace Unknown	
	(Include pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace Unknown	Date of op.
16. Informant Mr. Charles P. Freburger Sr.	Aotopsy results
Address Glendale Ave. Woodlawn Hgts.	ACCOPY FEMALE.
0/07/15	22. VIOLENCE: If death was doe to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Loudon Park Cemetery	Where did injury occur?
Location Baltimore, Maryland	
	12 4 4 10
18. Funeral director	
Address Baltimore Maryland	33. SIGNATURE Phose & Ball Mo

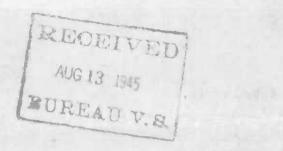
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25

## CERTIFICATE OF DEATH

0768022 Reg. Dist. No.

1. PLACE OF DEATH: County Anne Arundel -				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
District Marining Cahaal Dist				sale Columbia county		
City or fown. (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town Washington		
How long in above place of death? Syears 10 mos. 14 days				(If outside city or town-limits write RIRAL and	give nearest town)	
Hospifal, Institution, or street address where death occurred:			iool	Street No. Mother 6815 Calvert Ct. 1	divergate, an	
How long in hospital or institution? 8 years 10 mos, 14 days				2.(a) It veteran, name war		
3. (a) FULL NAME						
` '	Conorr			3. (b) Social Se	curity Number	
A 0	Ganey  Color or race	B.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATIO	NN/	
female	female white single					
				20. DATE OF DEATH August 7th, 19	45 at 5:55A	
6.(b) Name of husband or	wlfe			21. I CERTIFY that death occurred on the date above stated; that I attem		
7. Birth date of	Sente	mber 1	e) It alive, give ageyears	and that I last saw h er alive on August 6,		
8. AGE: Years	Months 10	Days.	If less than one day	Immediate cause of death Slezure	DURATION	
14	10	20	hrs,mln.	Epilepsy, Idiopathic	8 yrs.	
9 Pirihaisan	Washingt	on D.C.		Oue to.	***************************************	
9. Birthplace			tate)	Mental Deficiency, Idiocy	life	
10. Usual occupation				Que to Idiopathic		
11. Industry or business	none					
E 12. Name. Lee Ganey				Other conditions		
13. Birthplace Mi	Issippi					
14. Malden name Inez Banta				(Include pregnancy within 3 months of death)		
14. Maiden name		exico		Major findings of operations		
			wish Musining Cah	none performed.	p	
			rict Training Sch.	Antopsy results. None performed  PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Address	Laur					
17. burial (Buriai, cremation, o		Oate there	8-7-1945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following Accident, suicide, or homicide		
(Buriai, cremation, o	r removal. Which?	) -+ M···	(month) (day) (year)			
Cemetery or crematory.				Where did injury occur?(City or town) (County)		
Location Laurel, Maryland				Injured at home, tarm, industry, public place (where?)		
18. Funerat director DeWitt H. Donaldson				Meens of Injury Injured at wo	rk?	
a.	el. Md.		0 0 1	0 0	A L	
Address O		2	1 2 2 2 2 2 1	23. SIGNATURE James June	M. D. or other	
19 (Date ra'd by regis	19.45	- the	aradoastup	x Strict To School	8/0/15	
(Date raid by regis	trar)		Registrar	Address Q Dafe	signed	



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and the Restaurant

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

	Nog. Dist. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County are areadel	(For newborn infants give residence of mother)
City or town	State M. County C.
D. I.	City or town (1r outside city of town limits, write RURAL and give nearest town)
How long in above place of death?	
Comer gency Haspital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
agnes Maria	gera ce 3. (0) Social Security Rumber
4. Sex 5. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale White Windred	20. DATE OF DEATH 1845, at 5 - 15 M
6.(b) Name of husband or wife	21. I EFFIFY that death occurred on the date above stated; that I although deceased from
8.(c) If alive, give ageyears	12 ST to 113 T 5
7. Right data of	and that I last saw h
deceased (mo., day, yr.) March 13, 1901  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
11.1	Anti-
	The contract of the state of th
9. Birthplace Count a bales - all - Md.	Due to
10. Usoal occopation Civil Service Varel a.	
	Due to
11. Industry or business	
12. Name. 7 rank B. geraci 13. Birthplace Quiagnie Md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name de gree G. Smith  15. Strthplace annaphi, Md.	Major findings of operations.
15. Birthplace annaplai, Md.	Date of on
16. Informant 7. R. Geraci	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Ferry Farms, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemelery or cromatory It Marija Cemelery	Where did injury occur?
	Injured at home, face, industry, public place (where?)
Location assumption md.	Means of Injury
18. Funeral director	Le malora m.a
Address annapacio, Md.	Dhe III Lake M. K
0 17 45 700	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Hymanolis Mal Date signed 8/17/45
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AUG 18 1945

FUREAU V.S.

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

	Reg. D	ist. No.		
F DE	CEASED:			
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unty	140			7
20	le	-	9	10-
a uzreit	TAGUES	Section .		

(If rural, give LOCATION)

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

(State)

Means of Injury

23. SIGNATURE

PLEASE

18. Funeral director. Address

(Dute rec'd by registrar)

PARTMENT OF HEALTH  s. St., Baldmore  E OF DEATH  Roy, Disc. No.	2411 N. Charle
2. USUAL RESIDENCE (FLOME); OF DECRASM. (For newborn infants give residence methor)	E PLACE OF DEATH:
Litr. 10, 1000.  (15 openida etre or town limits i well-v MLU-land offens absentifferen:  (15 openida etre or town limits i well-v MLU-land offens absentifferen:  (15 openida etre or town limits absentifferen:  (15 openida etre or town limits absentifferen:	City W 1969.  (If outside city or town limits, write PURAL and give nearest town)  der big it beer diste or deed flower.  Bespital, leslitsites, or cirect address where death occurred:  Leavisies.  Ber long le bespital or lestituites.
2.(a).11.reterm, name wer	AMAN STULY (A) .
MEDICAL CERTIFICATION  AN MIR OF DEATH.	4: \$427 Slegis, marries, videwes, or divorced (
-26.31-26000F? that does occurries the gire-horn extent. that i attached deseased tree	LON mans of herberd of the year.  2. Birth data of deceased (mo., day, yr.)  deceased (mo., day, yr.)
	S. AGE: Years Months Boys If less than ose day

... Tausos - grafaf bib great.

Manny of Injury

23. SIGNATURE.

(include prognancy william mentlanes death)

22. VIOLENCE: It don't was due to external gausse, Ill' le lies following;

lajured at home, tarm, todoutry, poblic plain (wherh?)

(City or sown)

of swildistille Please underline the cause to which death should be charges materically

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Mr. D. or other

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(Town, sounty, and state)

18. Uzuzi occopation. it, industry or business. 12 . hame... 13. Birthniace.

t4, Maider same

18. Eugeral director. Address

(Data-reelld by inuddreas)



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

#### CERTIFICATE OF DEATH

076832/

	CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	(For newbraniant at state	HOME) OF DECEASED: five residence of mother)  County
3. (a) FULL NAME	Z.(u) IY Yeteran, name war	
305 Kirly	Hammond	3. (b) Social Security Number
4. Sex 5. Offer or race 6.(a) Single, married	, widowed, or divorced  20. DATE DF DEATH	ug. 4 145 allo-P. M
6.(6) Name of husband or wife	Jan. F	asign the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.) DER. 12 /	give ago years and that last saw was a lammed the cause of death	
nm / 12	s than one dayhrs. min.	al Hallowiege _ 3 day
8. Birthplaca (Town, county, and state)	Bue to Atype	tension 5 yr
10. Usual occupation	Due to.	No selevoro 3 ym
12. Name	Diher conditions	
14. Maiden name. Wowel A. Ku	(Include preg	mancy within 3 months of death)
15. Birthplace	04	Bate of op.
16. Informant Address Address		the casse te which death shoold be charged statistically.
17 / Duriel Bate thereat	811143.	lue to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Cemetery or crematory	(month) (day) (year)	(City or town) (County) (State)
Location Savage		public place (where?)
18. Funeral director Ewith Donald	Means of Injury	Injured at work?
Address phanel. Wh	23. SIGNATURE	ank Shyley 14. D.
(Daty rec'd by registrar)	Registra Address Saura	e 2 , Uld. late signed 18/5/45

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PLEASE

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

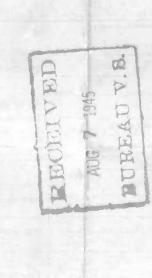
## CERTIFICATE OF DEATH

07684 P

City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Caroline Les trude Harm	3. (b) Social Security Number
Tomah S. Color or race b.(a) Single, married, widowed, or divorced Whole Wildowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH. Cuc 2 29 194.5 at 627. M
8.(b) Name of husband or wife Ecuroin R. Idanua.  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)  7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  19. 7.7. to 2.9. 19. 7.7.  and that I last saw h
8. AGE: Years Months Days If less than one day 82 6 10hrsmin.	Immediate cause of death  Cerustral Stemperstage  Sources
9. Birthplace	Due to Selevore 5 yars
12. Name Sohn Lutts.	Other conditions  (Include pregnancy within 3 months of death)
14. Malden name Oling Stewart -  15. Birthplace mary/coal	(Include pregnancy within 3 months of death)  Major findings of operations
16. Interment Noger Harman.  Address / Larman. Mr.	Antopsy results.  PHYSICIAN: Flense underline the cause to which death should be charged statistically.
Burial Bate thereof 8/31/45  (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  Cemetery or crematory Friendship Ceme	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location A. L. A. Co., Md.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Balto., Nd.  19. 8/3.) 19.45 Phylling	23. SIGNATURE Samo S. Billingola 29 D. M. D. or other M. D. or other M. D. or other M. D. or other

Addition of alias: Letter from Dr. Winterode adding this identification to Crownsville records and authorizing this MARYLAND STATE DEPARTMENT OF HEALTH Department to do likewise Filmed 8-21-45 - G 97:LL. 2411 N. Charles St., Baltimore 2018 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The colearly and legibly. County Anne Arundel (For newborn infante give residence of mother) State Maryland - Crownsville, Mryland (If outside city or town limits, write RURAL and give nearest town) Baltimore City City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 VIS 1 mo 2 days Hospital, Institution, or street address where death occurred: 738 W. Lulberry St. Crownsville State Hospital (If rural, give LOCATION) How long in hospital or institution? 2 Vrs. 1 ma. 2 days 3. (a) FULL NAME 3. (b) Social Security Number JALES (alias HARRY A. HOLLAND) unknown 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING Male Black Single 20. DATE DF DEATH AUGUST 15 19.45 et6: 15A M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... July 13 1943 to August 15 19 45 and that I last saw him alive on August 15 19 deceased (mo., day, yr.) NOV 2/ 1900 It less than one day Months 8. AGE: Known to MARGIN RESERVED Lile --- hrs. --- min. us since Maryland 9. Birthplace..... (Town, county, and state) Odd Johs 10. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace Amhrose Holland Maryland (Include pregnancy within 3 months of death) 14. Maiden nar 15. Birthplace Mary 14. Maiden name... Major findings of operations.... Maryland PLAINLY, is especially Hospital Records Antopsy results..... 16. Interment.... PHYSICIAN: Please underline the cause to which death should be charged statistically. Crownsville, Maryland Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Luca 17. (Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... Where did injury occur? ...... (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? \_\_\_ A15 M. D. or other VS (Date rec'd by registrar) Addres Crownsville, Maryland Date signed 8/15/1,5 Registrar

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (1772) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) ormation carefully. death clearly and How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?. 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING item of .6.(c) It elive, give age ......years 7. Birth date of deceased (mg., day, yr.) Immediate cause of death. DURATION If less than one day 8. AGE: ID. Usual occupation. 11. Industry or business mportant. 13. Birthpiace (Include pregnancy within 8 months of death) 14. Maiden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? ..... WRITE (City or town) (State) Injured at home, tarm, Industry, public place (where?) ...... Means of Injury 23. SIGNATURE



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information carefully.

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DING INK. Supply every

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ran)



#### CERTIFICATE OF DEATH

Means of Injury

Reg. Dist. No.	~ 0
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Prince G  City or town. Unknown (If outside city or town limits, write RURAL and give Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.	nearest town)
	•
MEDICAL CERTIFICATION	
20. DATE OF DEATH August 22 1945	at 1:50P
21. I CERTIFY that death occurred on the date above stated; that I attended d  July 16  19 19 to Augus  and that I last saw h im alive on August 22	t 22 19 45
Immediate cause of death Cerebral Hemorrhage	Few hrs
Bue to	
Due to	
Diher conditions Psychosis with	Known to
Mental Deficiency	us since
Mental Deficiency  (Include pregnancy within 8 months of death)	7/16/19
Dielas maringa as alesanas	
Antopsy results	**************************
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide	
Where did injury occur?	(State)
Injured at home form industry nubits place (where?)	

Address Crownsville, Maryland Date signed 8/22/45

1. PLACE OF DEATH: Anne Arundel Crownsville, Maryland

(If outside city or town limits, write RURAL and give nearest town)
ye place of fleath? 26 yrs, 1 mo, 6 days Hospital, institution, or street address where death occurred: Crownsville State Hospital Now long to hospital or institution? 26 yrs. 1 mo. 6 days 3. (a) FULL NAME HAWKINS - WILLIAM 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced black married male 1893 deceased (mo., day, yr.) Years tf less than one day 8. AGE: Bays 52 unknown Cheltenham, Maryland
(Town, county, and state) unknown 1B. Usual occupation. 11. Industry or business Unknown 12. Name ... Unknown 13. Birthplace 14. Malden na 15. Birthplace Unknown 14. Malden name... Unknown Hospital Records 16. Informant Crownsville, Maryland 18. Funeral director Address (Date rec'd by registrar)

BILLYONG STADISLINE

RECEIVED
SEP 7 1948
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:  County Anne Arundel  City or town. Crown syille  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 months, 20 days  Hospital, institution, or street address where death occurred:  Crownsyille State Hospital  How long in hospital or institution? 2 months, 20 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State learvland county  City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)  Streel No. unknown  (If rural, give LOCATION)  2.(a) If veteran, name war. unknown
3.(a) FULL NAME HOLMES - JESSE F.	3. (b) Social Security Number unknown
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   single	MEDICAL CERTIFICATION  20. DATE DF DEATH AUGUST 10 1945 all:30A
6.(b) Name of husband or wife 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 1908 ?	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  May 14. 1945. to August 10 19 44.  and that I last saw h im alive on August 10 19 44.  Immediate capte of death
8. AGE: Years Months Days It less than one day unknown	General Paresis Known to  us since
9. Birthplace Kentucky (Town, conty, and state)  10. Usual occupation Laborer  11. Industry or business unknown  E 12. Name Kent Brooks  13. Birthplace Unknown	Due to
13. Birthplace Unknown  14. Maiden name Hannah Smith  15. Birthplace Unknown	(Include pregnancy within 8 months of death)  Major findings of operations
Address Crownsville, Maryland  17. (Burlal, cremation, or removal, Whiteh?)  Cemetery or crematory Control (month) (day) (year)  Location  18. Funeral director. Sufft Hoopilal  Address	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
19. (Date rec'd by registrar) Registrar	Address Crownsville, Maryland Date signed 8/10/45



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#### MARYLAND STATE DEPARTMENT OF HEALTH

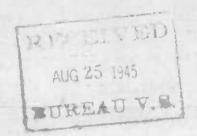
2411 N. Charles St., Baltimore 930

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Reg	D	iat.	. N	0		5	0

#### CERTIFICATE OF DEATH

		0=111111	Reg. Diat. No.	
1. PLACE OF DI	EATH: e Arundel		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	Mash
City or town C.r.O.	wnsville	I apuland Smits, write RURAL and give nearest town)	State Maryland County Howard	1
			Hagerstown	
		yrs, 1 mo, 21 days	(If ontside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, o	or street address where	death occurred:	Street No. unknown	
OTOVIIS	ATTIE DOG	te Hospital	(If rnrel, give LOCATION)	
How long In hospital	or institution?	VIB, I MU, EL Udys	2.(a) If veteran, name war	
3. (a) FULL NAM	AE .	- CLARK	3. (b) Social Secur	ity Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	black	single	20. DATE OF DEATH August 16 1945	7:00A
			21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
B.(0) Name of husband	d or wife		July 25 19 34 10 August	
	•••••	6,(c) If alive, give age	and that lest saw h im alive on August 16	19. 4.5
7. Birth date of deceased (mo., day,	yr.) 1920 °	?		
8. AGE: Year		Days If less than one day	Immediate canse of death	ouration Apprx.
2 5	? unkr	ownbre	-1a	2 mos.
				~ IIOD •
9. Birthpiace	Unknown		Oue to	*******
		connty, and state)		MATTOO
10. Usual occupation	IIOIIE		Due to	
11. Industry or busine				
当 12. Name	Unknown		Idiot with Epilepsy	Known to
E	Unknown		Utner conditions	us since
			(Incinde pregnancy within 3 months of death)	7/25/3/
里 14. Maiden name	Unknown			1/~///4
14. Maiden name	Unknown		Major findings of operations.	
	II	2 00030	Date of op	
16. Informant		L Records	PHYSICIAN: Please nuderline the canse to which death should be char	red statistically
Address,	Crownsvi	ille, Maryland		see statisticany.
bur	0	Aus 03 wh	22. VIOLENCE: If death was due to external causes, fill in the following:	
	on, or removal, Which?	Oate thereof (month) (day) (yeer)	Accident, suicide, or homicide	
	1/20	Belal,	Where did injury occur?	
Cemetery or cremai		e- Bred-	(City or town) (Connty)	(State)
Location	ownow		Injured at home, farm, industry, public place (where?)	•••••••••
2	uff.	Hoopital	Mesns of Injury injured at work?	
18. Funeral director	15 -	100 100	- INChi Const	TAL
Address	nomal	sources must	23. SIGNATURE	44
12 0	6 111	- E7. For Roc	M.	D. or other
Date red d by r	3 trar) 19 7.0.	Regis	trar   Address Crownsville, Maryland Date sign	ned 8/16/45



#### 1. PLACE OF DEATH: ADING INK. Supply every item of information carefully. The behysicians: please write the causes of death clearly and legibly. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 4. Sex 5. Color or race FOR BINDING 6.(b) Name of husband or wife-.6.(c) If alive, give age ..... 7. Birth date of deceased (mo., day, yr.) Days 8. AGE: Years Months If less than one day MARGIN RESERVED (Town, county, and state) 1D. Usual occupation... 11. Industry or business WITH UNF, important. 14. Maiden na 15. Birthplace 14. Maiden name

(Burial, cremation, or removal, Which?)

PLAINLY, is especially

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16. Informant Address

18. Funeral director.

(Date yee'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

.....hrs.

(month) (day) (year)

Registrar

Address

2411 N. Charles St., Baltimore (56)

E OF DEATH	Reg. Diat. No. 40	
2. USUAL RESIDENCE (HON (For newborn infants give resid	/E) OF DECEASED:	
00		
OINT	County Canada	****
City or town(If outside city or for	wn limits, write RURAL and give nearest town)	
Street No(If run	ral, give LOCATION)	••••
2.(a) If veteran, name war		
	3. (b) Social Security Number	
MEDICA	AL CERTIFICATION	
	100	31
20. DATE OF DEATH. MILE	15 13 19.45 at Hi3	5.4
	date above slated; that I attended deceased from	
0	1945, to all 23 19.	4
and that I last saw h	Megest 12 2 19.	4
Immediate cause of death	DURA	TID
Casellos	and of breast	
13 Metast	isi I to ware	****
Due to Lasila of	body-	
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Due to.		
Due to		
Miche	Allis Chrone	
Uther conditions		d
(Include pregnancy w	vithin 3 months of death)	_
Major findings of operations		
	Date of op	
3		
Autopsy results	se to which death should be charged statistically.	****
22. VIOLENCE: If death was due to ext		
Accident, suicide, or homicide	na(6 ot	
Where did injury occur?(City or	r town) (County) (State)	••••
Injured at home, farm, industry, public	place (where?)	
Meens of injury	Injured at work?	

REVICED FOR THE REPORT OF THE

411	N.	Charles	St.,	Baltimore	98d
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2411 N. Charles St	., Balt	imore (98d)	
CERTIFICATE	OF	DEATH	X

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1. PLACE OF DE			KŽ	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Ann Arundel				State Md County A.A.		
City or town Mulberry Hill (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Mulherry Hill	***************************************	
How long in above place	of death?L.	ife	***************************************	City or town Mulberry Hill (If ontside city or town limits, write RURAL and give	e nearest town)	
Hospital, institution, or	street address wher	e death occurred		Street No.		
.,,		****************	***************************************	(If rural, give LOCATION)		
How long In hospital or			***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Secur	rity Number	
Emm	a C. Joi					
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	Colored	d W:	idow	20. DATE OF DEATH. aug. 21 19.4	5- 3:40 A	
0.63.11	Tag	300 F	Johnson			
				aug 3, 19 # 10 aug		
7. Birth date of	Sont	. I8, I8'	) If elive, give ageyears	and that I last saw halive on	19	
deceased (mo., day, )	1.)			Immediate cause of death	DURATION	
8. AGE: Years	Months	Days 3	If less than one day	Husellein Corchi - Valule		
10	77	0	hrs mln.	11 Disease	2MA	
9. Birthplace				Due to. Hyperlesses	*******	
13. Birthplace	A.A.C		Le	Other conditions		
14. Malden name	Henret A.A.		ne	(Include pregnancy within 3 months of death)  Major findings of operations.		
	Coccom	Talana		- Date of op		
16. Informant Ceaser Johnson  Address Mulberry Hill, Md.				Antopsy results.  PHYSICIAN: Please underline the cause to which death should be char		
Buria (Buriai, eremation	al	Data than	Aug. 24. T945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, eremation,	or removal. Which	?) pare mere	Aug. 24, 1945 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	, Broa	dneck	•••••	Where did injury occur?	(State)	
Location Skidmore, Md.				Injured at home, farm, industry, public place (where?)		
				Means of Injury Injured at work?		
			***************************************	111/10	1	
Address Ann.	apolis,	Ma.	900	as SIGNAVIDE & The branch for		
.0	24 10 4	5 /	- I much	ZS. SIGNATURE.	D. or other	
(Date rec'd by reg	distrar)		Registrar	Address 35 North Mer Date sign	ned & Las   80	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECURIVED
AUG 25 1945
BUREAU V. S.

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Registrar Address Crownsville, Maryland Date signed 8/30/45

#### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Crownsville Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 years 4 months 18 days	State Maryland County Anne Arundel  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:  Crownsville State Hospital  How long in hospital or institution? 2 years 4 months 18 days	street No. 1315 West Lexington Street (If rural, give LOCATION)  2.(a) It veteran, name war. unknown
3. (a) FULL NAME  GRACE JOHNSON	3. (b) Social Security Number
4. Ser   5. Color or race   6.(a) Single, married, widowed, or divorced female   black   married	MEDICAL CERTIFICATION  20. DATE OF DEATH AUGUST 30 19 45 17:00 P.
6.(b) Name of husband or wife Virgie Johnson  6.(c) It ailre, give age 2 years  7. Birth date of deceased (mo., day, yr.) unknown	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  April 12 19.43 to August 30 19.45  and that I last saw h.S.T. alive on August 30 19.45
8. AGE: Years Months Days If less than one day 39 ?hrsmin.	Immediate cause of death General Parasis DURATION April 1
9. Sirthplace North Carolina (Town, county, and state)  10. Usual occupation Housework	Due to
11. Industry or husiness  12. Name George Williams  Virginia	Dither conditions
14. Maiden name Fannie Thomas 15. Sirihplace Virginia	Major findings of operations
Address Trownsville, Maryland  17. General Execution, or removal, Which?)  Cemetery or crematory.  Location Associated Address 142/6 Address 142/6 Address 142/6 Address 153/6 Address 142/6 Address 153/6 Address 1	Autopsy results

2411 N. Charles St., Baltimore

## I. Charles St., Baltimore

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•			CERTIFICA	TE OF DEATH Reg. Dist. P	10. 28.	
1. PLACE OF DE.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			***************************************			
Crownsville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 24 days		State Maryland County Dorcheste				
		City or town. Church Creek (If outside city or town limits, write RURAL and g				
Hospital, Institution, or						
Crownsv	ille State	Hospi	tal	Street No. (If rural, give LOCATION)	**************************************	
How long in hospital or	r Institution?	4 days	***************************************	2.(a) If veteran, name war unknown		
3. (a) FULL NAMI	E			3. (b) Social Sec	curity Number	
	JOHNSON -			unkr	nown	
4. Sez	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	N	
male	black		widowed	2D. DATE DF DEATH August 17 19	45 at 4:15 Pm	
e (h) Pama il barbar	as wife unb	กดพร		21. I CER7IFY that death occurred on the date above stated: that I attend		
7. Birth date of		6.(	e) If alive, give ageyears	and that I last saw h.im. alive on August 17		
deceased (mo., day, y	r.) unk	nown		Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Chrenic Myocarditis		
70?			hrsmin.			
9. Birthplace	Maryland			Bue to.	- 1 1	
3. <b>bi</b> r (upiaca	(Town	, county, and s	state)	000		
1D. Usual occupation	farmer	******************	***************************************	Bucks	******************************	
11. Industry or business				Due to		
質 12 Name JC	hn H. Joh	nson		Bither conditions Senile Payshosis	***************************************	
	Maryband					
		h		Confused and delirious type (Include pregnancy within 8 months of death)	7/25/45	
14. Maiden name			1	Major findings of operations.		
E 15. Birthplace	Marylan	d		Date of op		
16. Informant	Hospital	Records	<b>)</b>	Autopsy results	**************************************	
				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Crownsville State Hospital, Maryland  17. Burial (Burial, cremation, or removal. Which?)  Bale thereof. August 20, 1945 (month) (day) (year)		22 VIOLENCE, if death were due to external courses till in the following:				
		Accident, suicide, or homicide				
Cemetery or crematory. Church Creek, Maryland  Location  18. Funeral director. J. J. Framptom and Son				Where did lojury occur? (City or town) (County)	(State)	
				Injured at home, farm, industry, public place (where?)		
				Means of Injury Injured It work		
Address	Federalb	-		1 Ament	and the	
Audi ess		05/		25 SIGNATURE	M. D. or other	
(Date rec'd ly reg	18 1945	ETI	Registrar			

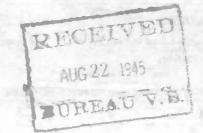
VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

AVAILE TO STATE OF STATE



PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54)

### CEPTIFICATE OF DEATH

. 11	4.	() 7	16	94	or
*	Reg.	Dist.	No.	2	10

			CERTIFICA	Reg. Dist. No	200
How long in above place of Hospital, institution, or st CTOWN SV How long in hospital or in	Arunde Insville Side city or town I death? 20 y reet address where ille St	rs, 4 death occurred ate H	yland URAL and give nearest town) MOS, 28 days Sospital A mos, 28 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland  County  City or town  Baltimore City  (If outside city or town limits, write RURAL and give nothing the control of th	
3. (a) FULL NAME	JONES	- ANN	IE	3. (b) Social Security	Number
female	black		e, married, widowed, or divorced ingle	MEDICAL CERTIFICATION  20. DATE OF DEATH AUGUST 28 19 4	5,a16:00A N
6.(b) Name of husband or  7. Birth date of deceased (mo., day, yr.)	3 44 5		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I alterded det  March 30 19. 25. to August and that I last saw her alive on August 28  Immediate cause of death.	28 19 45
8. AGE: Years 60	Months	Days OWN	If less than one day	Tuberculosis of the Lungs	
9. Birthplace	Domes	county, and a	state)	Due to	7/15/45
艺 13. Birthplace U	eorge J nknown			Other conditions Dementia Praecox - Paranoid Type (Include pregnancy within 8 months of death)	Since 1925
	arriett nknown ospital			Major findings of operations	
17(Burial, cremation, or Cemetery or crematory. Location	removal, Which?  How  owns  Ruph  White	,	Maryland  of Maryland  e (month) (day) (year)  Maryland  Available  E Tolograph	PHYSICIAN: Please naderline the cause to which death should be charged.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)



# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED: Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number Due to. (Include pregnaucy within 3 months of death) Kuown. Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? ...... (City or town) tolured at home, farts, industry, public place (where?) .... Means of Injury

Address

1. PLACE OF

How long in above place of death?..

How tong in hospital or institution?.

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usuat occupation. 11. Industry or business 12. Name ...

13. Birthplace

15. Birthplace

14. Maldan name.

(Date read by registrur)

County.

information carefully. of death clearly and

tem of

ADING INK. Supply eve Physicians: please write

important.

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ARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct age ease write the causes of death clearly and legibly.

WITH UNFADING INK. Suppring important. Physicians: please

WRITE PLAINLY, is especially

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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No
2. USUAL RESIDENCE (HOM. (For newborn infants give residen	E) OF DECEASED:
City or lown (11 outside city or town	limits, write RURAL and give nearest town)
Streef No(If rural	l, give LOCATION)
2.(a) If veteran, name war	

City or town	e city or town li	mits, write R	URAL and give nearest town)
Hospital, Institution, or street	t address where	death occurred	:
2 Sweets	er le	2.	***************************************
How long in hospital or insti	tution?		g 6===+ <del>00</del> g×=0+===================================
3. (a) FULL NAME			
Wase	Ma	un 7	List!
4. Sex 5. 0	Ha Golor or race	6.(4)Single	, married, widowed, or divorced
male 1	white	ma	rrief
6.(b) Nama of husbaod or wi	Mary	Oils	not linthic
	/		) If alive, give age 6 4 years
7. Birth date of	1		1876
deceased (mo., day, yr.)	Jeh.	14	
8. AGE: Years	Months	Days	If less than one day
69	6	12	
9. Birthplace	1	county, and s	
10. Usual occupation	Change Street	2	•••••••••••••••••••••••••••••••••••••••
11. Industry or business			
12. Name Duce	etse	Kan	Thica-
			- log
K 13. Birtimpiace	0		// >
14. Malden name	a	_	
\$ 15. Birthplace 4	. a.	Co.	
14. Maiden name	Bu X	inth	ice
TOT III III III III III III III III III			
Address	hier	and .	-rug
17Burial	emoval. Which?)	Oato there	of 8/28/45 (month) (day) (year)
Cemetery or crematory	Ceda	r Hill	Cem.
Location	Balt	o., Md	
18. Fuoeral director. WN	. J. TI	CKNER &	& SONS

(If rural	give LOCATION)		•••••••
2.(a) If veteran, name war	p4=4-90=300000000000000000000000000000000000		***********************
- 1	3. (b) Seci	ial Security Nu	ımber
MEDICAL	CERTIFICA	TION	
			100-
20. DATE OF DEATH Queg.	26	19.7.4., 2	1.7.0
21. LOERTIFY that death occurred on the da	te above stated; that I	attended decease	d from
Immediate cause of death			
Due to Cottonia - Del			4 4-
***************************************			*************
Due to			
Other conditions	50500000000000000000000000000000000000		
(Include pregnancy with	in 8 months of death		
Major findings of operations	oo o o o o o o o o o o o o o o o o o o		
***************************************	Date	of op	
Autopsy results			tistically.
PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to extern	to which death should	d be charged sta	tistically.

Accident, suicide, or homicide..... Where eld injury occur? .....

(City or town) injured at home, farm, industry, public place (where?) ...

Means of Injury Injured at work?

M. D. or other

(Date rec'd by registrar)

Balto., Md.

#### CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 50

No.	CERTIFICAT	E OF DEATH Reg. Dist. No.
ormation carefully. The cerr death clearly and legibly.	1. PLACE OF DEATH:  Coonty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State MARY AND County Anne Rundel  Cliy or lown. (If outside city or town limits, write RURAL and give nearest town)  Sireel No. 14 9 2 2 5 7 6 6 1 (If rural, give LOCATION)  2.(a) If votoran, name war.
atic th	3. (a) FULL NAME	3. (b) Social Security Number
of	n al:	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  Rug 3 1945 at 8 P
every item of i	6.(b) Namo of husband or wifo	21. I CERTIFY that doath occurred on the dal valore stated; that Lattended doceased from  19.4.5.  and that I last saw h
	7. Birth dale of decoased (mo., day, yr.) /8 7 5	and that I last saw h
Supp	8. AGE: Years Mooths Days If less than one daymin.	Loronom Terremboris 1860
N PI	9. Sirthpiece	Due to
Q.2	10. Usual occupation touse wife	Duo to
ADIN Physic	1f. Industry or business	Paral Okeration shout
	12. Name John R. Masroder  13. Birthplaco Annapolis Ma.	Ment on ort concer of the bresst. 2 mos
WITH UNF important.	13. Birthplace Annapolis, Md.	(Include pregnancy within 8 mouths of death) Quesa,  Major findings of operations.  Bate of op.
PLAINLY, Wis especially is	16. Informant Peter H. Magruder Address 114 9100cester 51.	Antopsy results
LAIR	17. Burial, cremation, or removal. Which?)  Bate thereof. Duguest 6 /945  (mooth) (day) (year)	22. VIOLENCE: If doath was due to external causes, fill in the following;  Accident, suicide, or homicide
	Cemetery or cromatory ST. Annés CemeTery	Where did injury occur?
WRITE	Location Anapolis, Md	Injured at home, farm, industry, public place (where?)
	18. Funeral director. Land May Lay	Moans of Injury Injured of work?
PLEASE	Address 147-149 Strace Street	23. SIGNATURE (COLOR) M. D. or other
Д	(Date rec'd by registrar)  Registrar	Address Date signed 5 4/ + 3

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#### CERTIFICATE OF DEATH

Reg. Dist. No.

City or town.  (If outside city or fown limits, write RURAL and give learest town)  How long in above place of death?  Hospital institution, or street address where death occurred.  How long in hospital or institution?  How long in hospital or institution?  A. Sex  S. Color or raco  S. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town   City or town   City or complete   City or town	County	May Jana
Row long in above place of death.  Roy long in house alone of death.  Roy long in houseld or institution of the state of t	(If outside city or fown limits, write RURAL and give nearest town)	LA Punton
Sired No. mospital or institution of the property of the second of the part of	How long in above place of doath?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or institutions the state of the sta	Wallet and I have the same	Street No. 2/6 I had I
3. (a) FULL NAME  4. Sex   5. Color or raco   5. (a) Single, married, vidowed, or divorced   MEDICAL CERTIFICATION    4. Sex   5. Color or raco   5. (a) Single, married, vidowed, or divorced   MEDICAL CERTIFICATION    5. (b) Namo of husband or wite.	14 11	(If rural, give LOCATION)
4. Sex   S. Coher or race   S. (co) Single, married, videwed, or divorced   MEDICAL CERTIFICATION    8. (6) Namo of husband or wite   Delawar   S. (c) Holive, give age   years   deceased (mo., day, yr.)   9		2.(a) It veleran, name war
B.(b) Name of husband or wite. Delate	Remail Markall	3. (b) Social Security Number
8.(6) Namo of husband or wite. Deletage		MEDICAL CERTIFICATION
8.(b) Name of husband or wite. A live of secared (mo., day, yr.)  8. AGE: Years Months Days If less than one day  Cloud 32 Months Days If less than one day  (Town, country, and state)  10. Usual occupation. Curva Dusiness  11. Industry or business  12. Name. A curva Dustala Dus	"M W Married	20. DATE OF DEATH. CLERG 4th 1945 of Hickory,
7. Birth date of deceased (mo., day, yr.)  8. AGE: Vears Months Days If less than one day  Charl 32	6.(b) Namo of husband or wite. Delma Mashull	
Second (mo, day, yr.)   Seco		
8. AGE: Years Months Days If less than one day  Charl 32		
9. Birthplace	8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
10. Usual occupation	Chort 32	The same of the sa
11. Industry or business    12. Name	9. Birthplace Phila (Town, county, and state)	Duo to
12. Name Charles 3 Mashall Biher conditions  13. Birthplace Plula a Charles and (Incinde pregnancy within 3 months of deeth)  14. Maiden name Major fiedings of operations.  15. Birthplace Major fiedings of operations.  16. Informatic Charles 3 Major fiedings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: ti death was due to external causes, fill in the tollowing; (Burial, cremation, or removal, Which?)  Bate thereof (morph) (day) (yeer)  Accident, suicido, or hymicido.	10. Usuat occupation. Centa	Buo to.
13. Birthplace  14. Maiden name  15. Birthplace  15. Birthplace  16. Informact  17. Description  17. Description  18. Description  19. Descrip		
(Inclinde pregnancy within 3 months of deeth)  14. Maiden name Material Character (Inclinde pregnancy within 3 months of deeth)  15. Birthplace (Inclinde pregnancy within 3 months of deeth)  Major fieldings of operations.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: ti death was due to external causes, fill in the tollowing; Accident, suicide, or hymicide and a suicide and a sui		
### Address   Section   Bate of op.    Autopsy results.   PHYSICIAN: Please underline the cause to which death should be charged statistically.    Address   Section   Physician   Physici		(Include pregnancy within 3 months of death)
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: it death was due to external causes, fill in the tollowing;  (Burial, cremation, or removal, Which?)  Date thereof (morph) (day) (yeer)  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, sulcide, or hymicide.		Major fiedings of operations.
Address Pine 19 [	1 1 1 B 21-11 10	Bate of op.
(Burial, cremation, or removal, Which?)  Date thereof (morph) (day) (yeer)  Accident, suicide, or hymicide)	6) 11 01 01 0.	
	17. Burial emperior or empresal which?	
(City or to wind (County), (State)		The state of the s
1 o la VIII de la VIII	216	(City or town) (County) (State)
Location Canden Injured et home, tarm, industry, public place (where?)	Location Aumacent	The state of the s
18. Funoral director Jeline Ma Cay Cor Moaos of Injury Tuning Injured at work?	18. Funoral director Jeline 14 day Cor	Moaos of Trijory TW3 Cy Injured at work?
Address Almabolis Egg. 23/SIGNATURE Walten He Hanson	Address Almabole Byd.	22 ADDRAYHOE W ON THE HOUSE MY D
19. Que O. 6 18 45 Manual Address Que of the signed & 4 4	(Date registrar)	the organist the contract of the U.S.

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly PLEASE VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

#### CERTIFICATE OF DEATH

Reg. Diat. No. 23

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Anne Arundel			nul ond	state Maryland County	
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death? 29 days Hospital, institution, or street address where death occurred: Crownsville State Hospital			City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)		
		ospital	Street No. 845 Lemmon Street (If rural, give LOCATION)		
New less in besuited a	low long in hospital or institution? 29 days				
3. (a) FULL NAM			······································		
J. (G) I OLL ITAM	MURPHY	- LEN	JA	3. (b) Social Security Number	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	Black	Mar	ried	20. DATE OF DEATH	
				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
			vn	July 10 19 45 to August 8 19 4	
7. Birth date of		6.(	c) If alive, give age	and that I last saw h. G.T. alive on August 8 19	
deceased (mo., day,	n.) 1897	(3)		Immediate cause of death	
8. AGE: Years		Days	If less than one day	General Paresis Known to	
48	? unk	nown	hrs	us since	
9. Birthplace	unknown		state)	Due to	
	HOURON	n, county, and	state)		
1D. Usual occupation	110450	OT 15		Due to	
11. Industry or busines		-			
12. Name			***************************************	Other conditions	
	unknow			(Include pregnancy within 3 months of death)	
14. Malden name.	unknow	n		Major fiadings of operations	
15. Birthplace	unknow	n		Major hadings of operations.  Date of op.	
	Hospit	al Rec	ords	Antopsy results.	
	*			PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address			, Maryland	22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
17. Buries	Or removal. Which	Date ther	eof Aug. 13, 1945 (month) (day) (year)	Accident, suicide, or homicide	
			tar	Where did injury occur? (City or town) (County) (State)	
R	altimore				
Location				Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Jos. A.	Livly	Y	Mesons of injury Injured at work?	
Address 661	W. Barr	ie B	alto. Nd.	HILL TOURS	
la r.		1)0	0 0011)-1 11	23, SIGNATURE M. D. or other	
10 ( 100000)	0 1945	Jak	O. Q in Q Registrar	Address Crowns Villa Mary land Date signed 8/8/15.	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



#### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:  County Anne Arundel  City or town. Crowns ville, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 year 1 month  Hospital, Institution, or street address where death occurred:  Crownsville State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For uewborn infants give residence of mother)  State. Laryland. County Calvert  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)		
How long in hospital or institution? 1 year, 1 month	2.(a) If veteran, name war		
3.(a) FULL NAME OFFER -, WILLIAM	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   single	MEDICAL CERTIFICATION  20. DATE OF DEATH. August 5 19 45 at 6:00 A		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5		
8. AGE: Years Months Days If less than one day 15 4 22	Immediate cause of death		
9. Birthplace Adelina, Calvert County, Md.  (Town, county, aud state)  10. Usual occupation.  11. Industry or business	Due to		
12. Name Bunting Offer 13. Birthplace Huntingtown, Maryland	Dither conditions Imbecile		
14. Malden name Ellen Mackell 15. Birthplace Huntingtown, Maryland 16. Informant Hospital Records	(Include preguency within 3 months of death)  Majnr findings of operations.  Date of op.		
16. Informant Hospital Records  Address Crownsville, Maryland	Autnoy results		
17. Buried Date thereof August 7, 19. (Burlal, cremation, or removal, Which?)  Cemetery or crematory. Patexent	Where did injury occur? (City or town) (County) (State)		
Location Calvert County  18. Funeral director P. E. Sawell  PRINCE Address Frederick Maryland	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?		
19. 86 - 45 Et Joyce Oscal  (Date rec'd by registrar)  Registrar	23. SIDNATURE M. D. or other  Address Crownsville Maryland Date signed 8/5/45		

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-8)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  Co	· ·
World Company of the	
24 1) Maria A a races 1 to 1. 111 1 1 mari al Al A 11 State	
A TOTAL DESIGNATION OF THE PROPERTY OF THE PRO	***************************************
	***************
ow long in above place of death?	give nearest town)
Street No	
ow long in hospital or instilution? 5 muratus 2.(a) If veteran, name war	<b>V</b>
(a) PURT MANAP	
J. (U) DUCIAL DE	ecurity Number
ANARGYROS L. PAPPANTONIS	
See 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATIO	N
male white single 20. DATE OF DEATH. any 19	45 . 730
(b) Name of hosband or wife	/7
6.(c) If allve, give age years Difference	t9
Birth date of deceased (mo., day, yr.)  (ullana and that I last saw halive on	19
AGE: Years   Months   Days   If less than one day   Immediate cause of death	DURATION
Volsan - wrank tyl	1/2 /2
Obert 60 min.	
Sirthplace Due to	
(Town, county, and state)	
1. Usual occupation Pestraust Beeker	*******************************
Industry or business	
12. Name Dther conditions I less than 13. Birthplace	£
13. 8irthplace   (Include pregnancy within 3 months of death)	
14. Malden name (Include prognancy within 3 months of death)  15. Birthplace	
Majur findings of uperations	
15. Birthplace Date of o	p
Informant hars Cuthurene Thomas Autopsy results	*****************
Address Washington D.C. PHYSICIAN: Please underling the cause to which death should be a	charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following	g;
Removal Bolo Harres X/11/45	of 8/8/45
(Burial cremation of removal Which?)  Date thereof. (mosth) (div) (year)  Accident, suicide, or homicide. The suicide of homicide of homic	
(Burial, cremation, or removal. Which?), (month) (day) (year) Accident, suicide, or homicide.	
(Burial, cremation, or removal. Which?)  Cemeiery or crematory.  Conty (City or town)  Connty)	
(Barial, cremation, or removal, Which?), (month) (day) (year) Accident, suicide, or homicide.	es moule
(Burial, cremation, or removal. Which?)  Cemetery or crematory Classification  County	11.
Cemetery or crematory Channel Conney County	11.
(Burial, cremation, or removal. Which?)  Cemetery or crematory  County Location  Control  County Location  Control  Cont	11.
(Barial, cremation, or removal. Which?)  Cemetery or crematory. Charactery. Connection  Location. Walders, public place (where?)  Location. Walders, public place (where?)  Removal director. Means of injury. Connections of the connection of the co	11.

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(Date rec'd by registrar)

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### MARYLAND STATE DEPARTMENT OF HEALTH

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M. D. or other

Date signed 8 - 4- 4V

98	2411 N. Charle	es St., Baltimore (#0)			
feect	CERTIFICATE OF DEATH Reg. Dist. No. 2/				
ion carefully. The conclearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give COCATION)  2.(a) It veleran, name war			
information of death cle	3. (a) FULL NAME Jennie Gladis Pru	3. (b) Social Security Number			
of inf	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced  Tenale White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH Quy 21 8 10 M			
I UNFADING INK. Supply every iter rtant. Physicians: please write the ca	6.(b) Name of husband or wife.  7. Birth date of deceased (mo., day, yr.)   8. AGE: Years Months Days It less than one day   9	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.			
WRITE PLAINLY, WITH is especially impor	16. information.  Address / S / T Sing State (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.	Majer findings of eperations.  Date of op.  Autopsy results. PHYSICIAN: Please underliee the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or bomicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)			
ASE WI	18. Funeral director James J. J. Jag. Land.  Address 149-149 Plances L.	Means of injury Injured at work?			

Registrar Address...

efeles

Mill Brigh

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF, DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: r. The clesibly. (For newborn infants give residence of mother) 10mme (If outside city of town limits, write RURAL and give nearest town) ion carefully. Cily or town How long in above place of death?.. write RURAL and give nearest town) Hospital, Institution, or street address where weath occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: 6.(b) Name of husband or wife .6.(c) If alive, give age ...... years 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DUBATION RESERVED 8. AGE: Months Days If less than one day 9. Birtholace.... county, and state) 10. Usual occupation. 11. Industry or business Diher condillons 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations.

nth) (day) (year)

Registrar

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PLAINL

Address

EASE

Means of injury auto noon 23. SIGNATUA

Address.

Accident, suicide, or homicide,

Autopsy results...

Date signed ... 7-3

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

injured at home, farm, industry, public place (where?)

Where did injury occur? ... IV un aboti

Inlured at work?

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SEP 5 1945
BUREAU V.E

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 458



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CERTIFICAT	E OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Jessups, Maryland (If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death? 15 days  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
MARYLAND HOUSE OF CORRECTION	Street No		
How long in hospital or institution? 13 days	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
HARRY RIDER			
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION		
Male   White   Married	20. DATE DF DEATH August 4 19 45 9:45 a		
8.(b) Name of husband or wife Sarah Elizabeth Rider	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19. 45, to August 4 19.45		
7. Birth dale of deceased (mo., day, yr.) March 31, 1882	and that I last saw h im alive on August 4 1945		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION Congestive heart failure		
63 4 4hrsmin.	with edema of the lungs.		
9. Birthplace Indiana Bar tender	Chronic asthma, and		
10. Usual occupation	Due to Carcinoma of the tongue with		
11. Industry or business	metastasis in the glands of		
12. Name Unknown	Other conditions the neck and probably		
	of the lungs. (Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations. None		
	. Not done		
16. Informant MARYLAND HOUSE OF CORRECTION	Antopsy results		
Address Jessups, Maryland 4/1/1/	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Gemetery or crematory Schwarts 10	Where did injury occur?		
Location (Daplato)	Injured at home, farm, industry, public place (where?)		
18. Funeral director Thelip Heura Jons	Means of Injury Injured at work?		
Address 2024 Ohleans Styp 1	23. SIGNATURE Shu Atolash		
19. Qua 6 1945 Colora Toastuf	John A. Clark, M. D. M. B. of other  John S. Clark, M. D. M. B. of other  Address Jessuns, Maryland Date signed 8/4/45		
Negytra:	11 WARLESS Mark particular properties of the state		

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AUG 13 1945

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 46-7, CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED; on carefully. The (For newborn infants give residence of mother) County..... City or town. (If outside city or to How long in above place of death?... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No .. (If rurai, give LOCATION) information How tong in hospitat or institution? death 3. (a) FULL NAME 3. (b) Social Security Number of every item of ite the causes BINDING FOR ADING INK. Supply eve Physicians: please write deceased (mo., day, yr.) Immediate cause of death 8. AGE: Years Days ARGIN RESERVED 1D. Usual occupation. 11. Industry or business Street. important. 14. Maiden na 15. Birthplace (Include pregnancy within 8 months of death) Major findings of operations ...... especially PHYSICIAN: Flease underline the cause to which death should be charged statistically. Feyndale 22. VIOLENCE: If death was due to external causes, fill in the following: 17 Buyiai Date thereof Hua 194 (year) (Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... Louden Tark WRITE Where did injury occur? ...... (City or town) +, MOTE. Injured at frome, farm, Industry, public place (where?) Means of tolur Injured at work? 1B. Funeral director PLEASE Address (Date rec'd by registrar) Registrar



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (934)

07700	5
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CERTIFICA	TE OF DEATH Reg. Diat. No. 21
County of town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Beatrue Sellman	220-22-72//
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divorced Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  19.45 at 5 P
6.(b) Name of husband or wife. Atouting Sellman 5.	21. I CERTIFY that death occurred in the date above slated; that I attended deceased from  19. 45., 10. 3. Aug. 19. 45.
7. Birth dale of deceased (mo., day, yr.) Oct 12 1909	and that I last saw h
8. AGE: Years Months Days It less than one day	
9. Birlhplace (Town, county, and state)	Due to. Chronia Mysesskiles
10. Usual occupation described thousand the second to the	Due to Cotonary sacrhussa
12. Name humas shapfus  13. Siriholace wwood	Other conditions
13. Birihpiace Samood	(Include pregnancy within 3 months of death)
14. Maiden name Sound Staffeld	Major findings of operations
15. Birthplace Jamopol 10	Bale of op,
Address Verst Piwer Mil	Autopsy results PHYSICIAN: Pfease auderline the cause to which death should be charged statistically.
17 Buil Bate thereof City 6.194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemelery or cremalory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, tarm, industry, public place (where?)  Weans of Injury  Note and the injury  Note and the injury
18. Fuseral director	Annual of Industry
Address Salvertle Mild.	23. SIGNATURE Duly N. Walen in Q.
(Date red dy registra)	



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 13-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: legibl County..... ide city or town limits, wate RURAL and give nearest town) carefully. (If outside city or town limits, write RURAL and give nearest town) Street No. Sappington Road. (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number NONE MEDICAL CERTIFICATION causes of MARGIN RESERVED FOR BINDIN 20. DATE OF DEATH ... Frank Shai 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 6.(b) Name of husbaod or wife..... Mug 20 Deceased. 7. Birth date of June 15, 1884 deceased (mo., day, yr.) Immediate cause of death If less than one day Months 8. AGE: 61 roland 9. Birthplace..... (Town, county, and state) House keeping 10. Usual occupation... own home 11. Industry or business 12. Name...... 13. Birtholace Ellick Heweig 12. Name..... Poland mportant (Include pregnancy within 8 months of death) Unknown 14. Maiden nan E 15. Birthplace 14. Malden name... Major findings of operations..... Poland Mrs. Frances Milwicz 16. Informant... PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Odenton. Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Burial Aug. Date thereof .... Accident, suicide, er homtoide..... (Buriai, cremation, or removul. Which?) (month) (day) (year) Where did lojury occur? .....(City or town) St. Marys of The Field WRITE Cemetery or crematory..... Willersville. Md. injured at home, farm, industry, public place (where?) ...... Means of Infury Glen Burnie 23. SIGNATURE.



### CEDTIEICATE OF DEATH

2411 N. Ch	narles St., Baltimore 830		
CERTIFICA	ATE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH:  County A.A.CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Md.a County A.A.Co.		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
nospital, institution, of street address where death occurred.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sex A 5. Color of race 6.(a) Single, married, widowed, or divorced Marries	MEDICAL CERTIFICATION		
Did & faith	20. DATE DF DEATH. 21. 19.4. at		
6.(b) Name of husband or afte	aug. 2 1945 to aug 10 19 cfs		
Birth date of deceased (mo., day, yr.)  6. (c) tf alive, give age ye	and thef I last saw h and alive on		
8. AGE: Years   Months   Days   If less than one day   12	Immediate cause of death Holmon Roge 6 days		
Baltimore Md. (Town, county, and state)  10. Usual occupation	Due to Outrio Selvicio Sy		
11. Industry or business	Due to		
12. Name Kraft   13. Birthplace Baltimore Md.	Diher conditions		
13. Birthplace Baltimore , Md.	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
15. Birthpiace	Date of op.		
16. Informant Mr. David E. Smith  Address Viewing Ave. & Medora Rd.	Antopsy results		
7 Burial (Burial, cremation, or removal, Which?)  Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Frederick Road.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address North & Pa. Aves.	22 SIGNATURE Chas. L. Ball fr ms		
. Ste UT Checkede	M, D. or other		
(Date rec'd by registrar) Regist	trar Address Cuthi Can Date signed 8-10-45		

VS A15

MARGIN RESERVED FOR BINDING

PLEASE

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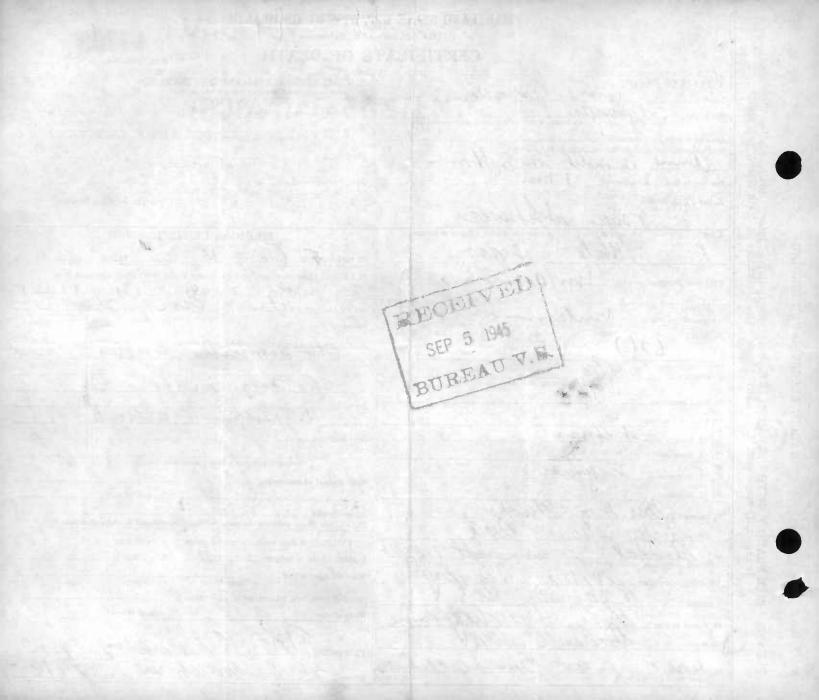
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore (191-2)

### CERTIFICATE OF DEATH

077(19 Reg. Diat. No. 20

OBACTATION.	Reg. Diat. No.		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
How long in hospital or institution?	(If rural, give LOCATION)		
	2.(a) If veteran, name war		
3.(a) FULL NAME Shower	3. (b) Social Security Number		
4. Sex 5. Color or race 9.(a) Single, married, widowed, or divorced F. Widow	MEDICAL CERTIFICATION  20. DATE OF DEATH. CLASS 31. 1945 at 1945 at 1945		
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  2 19.45 to 0.49 3.19 4.5  ars and that I last saw h. Calive on 0.49 2.6 19.45		
8. AGE: Years Mooths Days tt less than one day	Immediate cause of death		
9. Birthplace	Oue to. Cha my readule ?		
11. Industry or business	Kypistum & astrolog 7		
12. Name	Other conditions		
H 14. Malden name. Dinhmon.	(Include pregnancy within 3 months of death)  Majur fiudiugs of uperatious		
15. Birthplace			
16. Intermant Mrs. Irm Jucky	Actopsy results		
Address 6 agustu Mg  17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory SO Home Clynifing	Where did injury occur?		
Location equality sing	Injured at home, farm, Industry, public place (where?)		
18 Funeral director Salvanelle Ma	Means of Injury  Injured at work?  23. SIGNATURE  M. F. K. Lawans, M.D.		
19. Sept 1 19. 45 Elus Cellus (Date rec'd by registrar) Registra	2/ 8 tacut Cal M. D. or other		



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

07710

#	CERTIFICAT	TE OF DEATH Reg. Diat. No. 2.		
	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
	Noel Wanidson Sto	3. (b) Social Security Number		
	4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  (M	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I DERTIFY that death occurred on the date above stated: that lattended deceased from  18		
	14. Maiden name Cley Celebra Worfd  15. Birthplace Celebra Common	Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  M. D. or ether  Address.		

AUG 14 1945
BUREAU V.E.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

### CERTIFICATE OF DEATH

077115 Reg. Diat. No.

1. PLACE OF DEATH:  Coonty	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State I fang Gang County Issue Crusselle.
How long in above place of death?	City or town (If outside city or town limits, write DERAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, came war
3.(a) FULL NAME Sarah Stine	cheomb 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced Lingle	MEDICAL CERTIFICATION  20. DATE OF DEATH WO GO of 29.45 of 100. M
6.(c) Name of husband or wife	21/I CERTIFY that death occupied on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Nov 144 1861  8. AGE: Years   Months   Days   If less than one day	Immediate came of death DURATION
83 9 9 min. 9. Birthpiace Orme Crundel Co Md	Certousolonia Syn:
(Town, county, and state)	Bue to. Deserve
11. Industry or business  12. Name Dellam Stimberomb	Diher conditions Peals Allataber
13. Birthplace Conne Changelle Go Ma.  14. Malden name Toslena Osumphrey  15. Birthplace Conne Orundal Go Made	Major findings of operations.
18. tolormani VI. Velybruscus Brice 3	Autopsy results
Address Church Culle amapolisma  17. Bussal al  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory Tamely left	Where did injury occur?
18. Funeral director. Luc PM Laylor Son	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?
Address Gennapoli Md.	23. SIGNATURE LUCY TO M. D. or option
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Address Date signed Date signed

AUG 28 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

07712 26

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)  State
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME  Glessander. Phonlan	2.(a) H veteran, name war
4. Sex 5. Color or race 6.(a) Signete, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
5.(c) Name of husband or wife.  5.(c) If alive, give age. 75 years deceased (mo., day, yr.)  Feb. 1868	Queut 25, 19 44 to august 12719 75
8. AGE: Years Months Days It less than one day	Ouer hup coralle to the
11. Industry or business  12. Hame	Dither conditions  (Include pregnancy within 3 months of death)
14. Maiden came. Camp Jane Maines 15. Birthplace Bally. Mt.	Major findings of operations.  Date of op.
Address Churches Mac .  17. Manage Land Bate thereof. Guid 5 1946.	Antopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Date thereof  (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director. N. E. Jans. Ca. J. Address 1932 - V. M. h. h. Wash. D. C.	Means of Injury Injured at work?
19. Que 2 19.45 D. B. Deut Date rec'd y registrar) Registrar	M. D. or other

VS A15

RECEIVED! AUG 13 1945 BUREAU T S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

# CERTIFICATE OF DEATH

07713

Nag. Dist. No. 28

1. PLACE OF DEATH: County Anne Arundel			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)		
How long in above pla Hospital, institution, Crown	or street address where Sville Sta	hits, write RURAL and give nearest months, 19 days death occurred: ate Hospital nonths, 19 days	11 Olfer on form		
3. (a) FULL NA	ME	ON - ROSS	3. (b) Social Security Number Unknown		
4. Sex	5. Color or race	6.(a)Single, msrried, widowed, or divo	MEDICAL CERTIFICATION		
male	black	single	20. DATE DE DEATH August 16 19.4.5 at 3:00 A		
7. Birth date of	•••••		10000 07		
8. AGE: Ye	ars Months	Days If less than one day	Immediate cause of death		
10. Usual occupation  11. Industry or busin	Farmer Ross Tr	connty, and state)	Que to		
13. Birthplace  14. Maiden nam  15. Birthplace	Larylar unknov unknov	<u>vn</u>	(Include pregnancy within 8 months of death)  Major findings of operations		
16. Informanf		L Records	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
17(Burial, cremati	on, or removal. Which?	Date thereof Aug 27. (month) (day)	22_VIOLENCE: If death was due to enfernal causes, fill in the following;  Accident, suicide, or homicide		

RECEIVED AUG31 1945 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. (If outside city or town limit, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: How long in hospital or institution?.... 2.(a) if veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a)Slogle, married, widowed, MEDICAL CERTIFICATION tem of i ARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the dale above stated: that t attended deceased from deceased (mo., day, yr.) DURATION If tess than one day 8. AGE: Years ADING INK. Physicians: pl 11. Industry or business 12. Name..... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maideo name... 15. Birthplace PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? .....(City or town) WRITE injured at home, farm, industry, public place (where?) ..... Injured at work? Means of Injury PLEASE

AUG 11 1945
BUREAU V.S.

2411 N. Charles St., Baltimore (496)

### CERTIFICATE OF DEATH

Date signed 9 \_\_ 15-45

	Reg. Ditt. 140.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants the residence of mother)		
County	All creekers a ca		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Brancaft ave		
Energency Hospilal	(If rutal, give LOCATION)		
How long in hospitat or institution? 7 4240	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
1/2 sietlas & Town	3. (b) Sucial Security Number		
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
+ w morres	20. DATE OF DEATH ang 14 19.45 at 1000		
Fall May Garage D	20. DATE OF DEATH		
(b) Name of husband or wife tall on Jocenson	21. I centry that beath occurring on the bate above states; that i appelled because high		
I. Birth date of	and that I last saw h. a allye on Cerry 4 19 4		
deceased (mo., day, yr.) % 21 - 1907			
. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION		
38 5 23hrs.	min. Salah		
0 1 0 0	Jewist July San San		
(Town, county, and state)	Due to.,		
10. Usual occupation	Careron Ceron 6 day		
	Due to		
1. Industry or business			
12. Name marrie Pobinille	Other conditions		
13. Birthplace mary least			
14. Malden name Larena on Jashley 15. Birthplace On any Rond	(Include pregnancy within 3 months of death)		
M	Major findings of operations Toches at leture		
- 0 - 16	llevisi Fresta Date of op ung !		
Informant Farle On Townsend	Autopsy results		
Address Bay Pidge and	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof. (Sonth) (day) (year	Accident, suicide, or homicide		
Cemetery or crematory Pose Hill	Where did injury occur?		
0 000 000			
Location Cambridge 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?		
8. Funeral director Tapponia	0.		
Address ann epoles. vol.	- Level C Boo !		
aug 15, 1.45 The	M. D. or other		
(Date rec/d by registrar)	istrar Address Date signed 9 15-4		

VS A15

PLEASE

WRITE PLAINLY, WERE UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

AUG 18 1945 AUREAU V.S. correct age

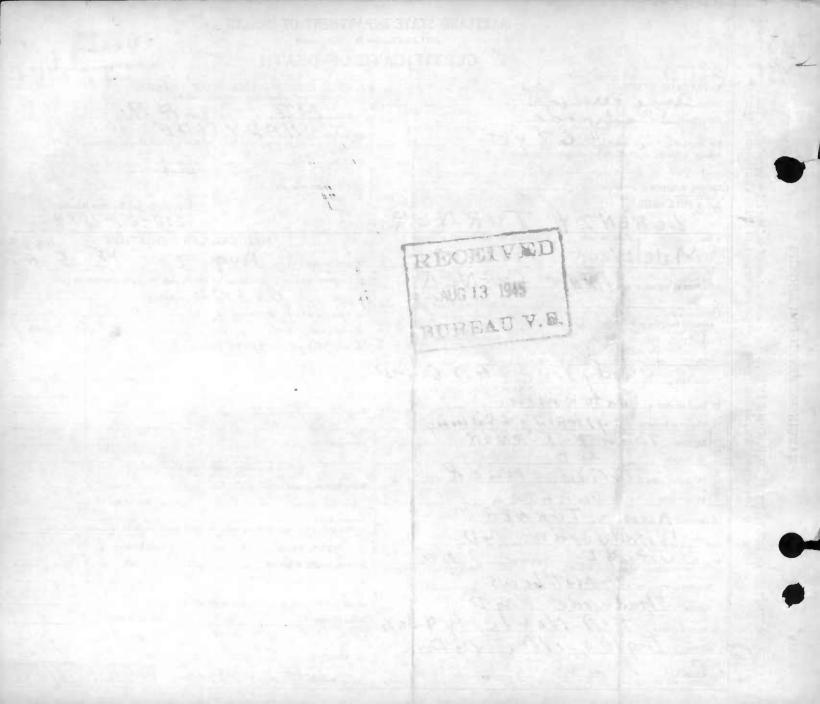
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

# CERTIFICATE OF DEATH

47	07	71	6.		
Reg.	Dist. N	lo	2	4	l

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Coonly Cerry	State County 7
City or town(If outside city of town limits, write RURAL and give nearest town)	City or town. SHAP YSIPE  (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street awaress where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
LORENZY TURIVER	220-07-1894
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION _ 45-
Male Black Married	20. DATE DE DEATH AUG 7 1545 at 5 Pm
6.(b) Name of husband or wife PUNICTURNER	21. I CERTIFY that death occurred on the date above stated: that, attended deceased from
The state of the s	Dad Not attended 19
7. Birth date of deceased (mo., day, yr.) 20 as 1, 1878	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
67 3 6hrsmin.	Cillings on any I B
9. Birthplace Shady side AA. CoMP.	our Chronin Myscarditis ;
(Fown, county, and state)	
10. Usual occupation LJ d teR Md 4	Due to
11. Industry or business 04stoR149 & fustoring	
12 Name TOUR T. TORNER	Other conditions
S 13. Birthplace M D.	(Include pregnancy within 3 months of death)
14. Malden name Juliana Mack  15. Birthplace  UNISHOW  17. Malden name Juliana  No. 18	Major findings of uperations.
	Date of op
16. Informant Aunie TURNER	Autopsy results
Address Unddy side, MD.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial, cremation, or removal, Which?)  Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Cemetery or crematory. St. Ms. # Lew S	Accident, suicide, or homicide
	Where did injury occur?
Location Shadyside MD	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ty Hotocs ty & Joh	Means of injury injured at work?
Address Lrd/esville. 14P.	on comments of Boligating
1. Cung 11 1045 JB Dent	23. SIGNATURE
(Date recal by registrar) Registrar	Address Lathian ond. Bala cloned 8/8/45



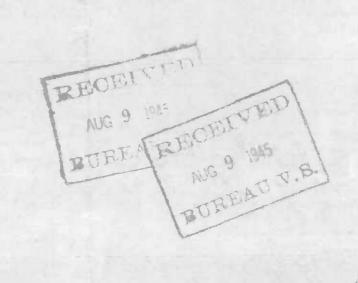
# PLEASE WRITE PLAINLY, WITH UNFADING INR. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outsign city or town limits, write RURAL and give nearest town)	State many low County a
How long in above place of death?	(if outside city or town fimits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	
10 transis	Street No. 10 Thomas (If rural, give LOCATION)
How long in hospital or institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ugnes M. Wallow	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W Single	20. DATE DE DEATH DEGENTO 1945, 216 30 PM
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that allended deceased from
	1943 10 largert 6 1945
7. Birth date of	and that I last saw her allive on the grant of the saw here allive on the saw here all the saw he
deceased (mo., day, yr.) (LL) / W / W / W / W / W / W / W / W / W /	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chefrel Vemanheer 3 years
1777 //hrsmin.	3rd attack
9. Birthplace Gunafistis . m	Due to.
9. Birthplace (Town, county, and state)	DUC 10
10. Usual occupation. Hause wask	
11. Industry or business	Due to
12. Name Wi Henry Robert Wallow  13. Birthplace St mary & Co	Dther conditions
13. Birthplace of mary & Co	(Include pregnancy within 3 months of death)
14. Malden name Suliana Belland Nemb	
15. Birtholace a a a ma	Major findings of operations.
9. T. O. Francol , allow	
to. Informant	Autopsy results
Address/O Francès & amapolet. m	
17. Busine Date thereof aug 9/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat. which:)	Accident, suicide, or homicide
Cemetery or crematory. St mary	Where did injury occur?
Location annapolity and	Injured at home, farm, Industry, public place (where?)
10 100	Means of Injury Injured at work?
18. Funeral director. B. L. T. T. F. S.	means of injury injured at work?
Address annafrales - mo	100 Pl. Helines M.D.
0 0 5 115	23. SIGNATURE WALLEY IT TOTALLES M. D. or other
19. (Dato rec'd by registrar)	Queno all Mil & Salls
(Dato rec'd by registrar) Registrar	Address Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH



M. D. or other

CERTIFICAT	TE OF DEATH  Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County  County County  City or town
3. (a) FULL NAME  Solw Waters  4. Sex   5. Color or race   \$\delta(a) \text{Single, married, widowed, or divorced} \end{arrival }	3. (b) Social Security Number  MEDICAL CERTIFICATION
male white single	20. DATE OF DEATH august 19 1945 210.45 A
8. (c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.  and that I last saw h
14. Malden name. Nathurine Russell  15. Birthplace Baltimore, Ma  16. Informant Man. Margarit. J. Synchrone  Address Sevena Park, Ma.  17. Bunal Bate thereof. Aug. 21, 1945	Major fiadings of operations
(Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof.  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date thereof.  (Gy) (year)  (Gy)  (Year)	Accident, sulcide, or homicide
18. Funeral director. John F. Benny, 9mc-	Means of Injury Injured at work?
115 light SA	0/1 (2000)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The N is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 21 1945 BUREAU V 6

07719

e nearest town)

DURATION

rged statistically.

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF POTICE ATURED  County.  City or town.  (If outside city of town limits, write RUILAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Respendent infants give residence of mother)  State County City or town County (If outside city or to mimits, write RURAL and the nearest town street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Floyd n. The	3. (b) Social Security Number
4. Sex pale 5. Color or race Nante 6.(a) Single married, widowed, or divorced married.	MEDICAL CERTIFICATION  20. BATE OF DEATH  20. BATE OF DEATH  21. 45, at 6
6.(c) Name of husband or wite 6.(c) If alive, give age 9.7. Birth date of deceased (mo., day, yr.) 1900	21. I Colly that death occurred on the date above stated; the state of
8. AGE: Years Months Bays If less that one day	A d' I I I I Cure
10. Usual occupation Pranch Manager  11. Industry or business Standard Practs one	River, new Indian Sandings
日 12. Name	Other conditions
14. Maiden name	Major findings of operations
Addgess	Autopsy results.  PHYSICIAN: Please underline the caose to which death should be charged statisticall  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Bate thereof	Accident, suicide, or homicide. Occident.  Where did injury occur? ma. Indiana chamding. County)  (City or town)  (County)
Location	injered at home, farm, industry, public place (where?) Law the Semerary Private Means of injury contental drawping, injured at work?

23. SIGNATURE

Address.....

Registrar

VS A15

PLEASE

(Date rec's by registrar)

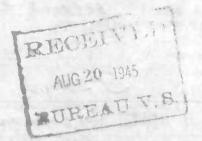
ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

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SERVING AT A STATE OF



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

# CERTIFICATE OF DEATH

\* U7722 Reg. Dist. No. 20

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside ofty or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give noarest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M 4/ We	
0 1.111	20. DATE OF DEATH 19.70 at 10 A
6.(b) Name of husband or wife. Sve within	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19/5 95, to 21 19 45
7. Birth date of deceased (mo., day, yr.) Oct 12. 187)	and that I last saw h alive on 2
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
19 10 19 hrs.	aller Sular Basa 2 47
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Farmer	
	Due to
11. Industry or business	
E 12. Kame Ley Willer	Bther conditions
13. Birthplace	_
14. Malden name dereitte Tucker  15. Birthplace red	(Include pregnancy within 3 months of death)
I S Blotheless Med	Major findings of operations
B. 111.1/2011	Date of op.
16. Informant Delicy. Connection	Antopsy results
Address franching,	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Decisal Bate thereof Dight 2 44 1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Regard sleef; Cece	Where did injury occur?
Location Friendship. M.S.	Injured at home, farm, Industry, public place (where?)
0/ 1/. 71/	Means of Injury Injured at work?
18. Funeral director Hally Heldlers	mpres at note:
Address Devilles.	Alund Willard
Jeb lot und stations	M. D. or other
(Date reg'd by registrar)  Registrar	" ()-eis ) eid O'Rilai



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

# CERTIFICATE OF DEATH

Reg. Dist. No.

county Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Crownsville Narvland	Maryland
City or town	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town)
Crownsville State Hospital	Street No. 40.5 Heaver Street
How long in hospital or institution? 25 days	2.(a) If veteran, name war
3. (a) FULL NAME WILSON - REBECCA	3. (b) Sacial Security Number unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Baack Widow	20. DATE OF DEATH AUGUST 3 19 45, at 8:30 Am
6.(b) Name of husband or wife 6.(c) If alive, give age dead years 7. Birth date of deceased (mo., day, yr.) 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  July 18  19. 45., to August 3  19. 45.  and that I last saw h. er alive on August 3  Immediate cause of death Chronic Myocarditis OURATION
8. AGE: Years   Months   Days   It less than one day	and Chronic Bronchitis Known to
50 unknownhrsmin.	us since
9. Birthplace	Due to. 7/18/45
11. Industry or business	Mnown to us
	Other conditions Toxic Delirium Since
12. Name Jack Miller 13. Birthplace Virginia	admission
	(Include pregnancy within 3 months of death)
14. Malden name Viner ?  15. Birthplace Unknown	Major findings of operations
16 Informant Hospital Records	Date of op.
10.11101111111	Autopsy results
Address Crownsville, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Buried (Burisi, cremetion, or removal. Which?)  Date thereof Aug. 7, 1945 (month) (day) (year)	Accident, suicide, or homicide
cemetery or crematory	Where did injury occur?
Location Anne Arundel County	Injured at home, farm, industry, public place (where?)
	Meens of injury Injured at work?
18. Funeral directorRayner Sanders  Address 1/12 E. Preston St., Balto. Md.	23 SIGNATURE 20 M. D. or other
19. (Date 'rec'd by registrar) Registrar	M. D. or other  Address Crown sville, Maryland Date signed 8/3/45